COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH



DIVISION OF HIV/STD SURVEILLANCE QUARTERLY

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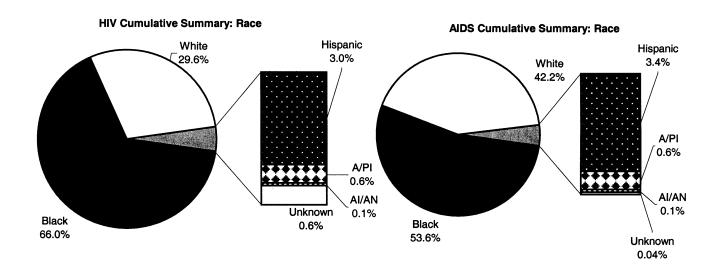
www.vdh.state.va.us/std

TABLE 1.A HIV and AIDS Cumulative Case Summary

	Н	IIV	AIDS			
GENDER	No.	%	No.	%		
Male	9,680	73.3	11,104	83.0		
Female	3,523	26.7	2,276	17.0		
Total	13,203	100.0	13,380	100.0		
RACE/ETHNICITY						
White	3,913	29.6	5,652	42.2		
Black	8,720	66.0	7,167	53.6		
Hispanic	402	3.0	458	3.4		
Asian/Pacific Islander	80	0.6	84	0.6		
American Indian/Alaskan Native	10	0.1	13	0.1		
Unknown	78	0.6	6	0.0		
Total	13,203	100.0	13,380	100.0		
AGE ¹						
0-12	137	1.0	171	1.3		
13-19	429	3.2	65	0.5		
20-29	4,405	33.4	2,357	17.6		
30-39	5,202	39.4	6,048	45.2		
40-49	2,313	17.5	3,440	25.7		
50 and Over	715	5.4	1,299	9.7		
Unknown	2	0.0	0	0.0		
Total	13,203	100.0	13,380	100.0		
MODE OF TRANSMISSION						
Men Having Sex with Men (MSM) ²	4,653	35.2	6,750	50.4		
Injecting Drug Use (IDU)	2,492	18.9	2,394	17.9		
MSM & IDU	638	4.8	717	5.4		
Hemophilia	68	0.5	101	8.0		
Heterosexual Contact ³	2,505	19.0	1,801	13.5		
Transfusion Blood/Products* 4	118	0.9	260	1.9		
Other:						
No Identified Risk (NIR)	684	5.2	328	2.5		
Multiple Heterosexual Contacts 5	710	5.4	229	1.7		
Undetermined/Unknown ⁶	1,198	9.1	611	4.6		
Adult/Adolescent Sub-Total	13,066	99.0	13,191	98.6		
Pediatric ⁷	137	1.0	189	1.4		
Total	13,203	100.0	13,380	100.0		
REGION						
Northwest	696	5.3	917	6.9		
Northern	2,846	21.6	3,927	29.3		
Southwest	1,103	8.4	1,193	8.9		
Central	3,431	26.0	3,167	23.7		
Eastern	5,127	38.8	4,176	31.2		

^{*} One adult became infected with HIV after receiving blood screened for HIV antibody.

Figure A. HIV and AIDS Cumulative Summary Charts



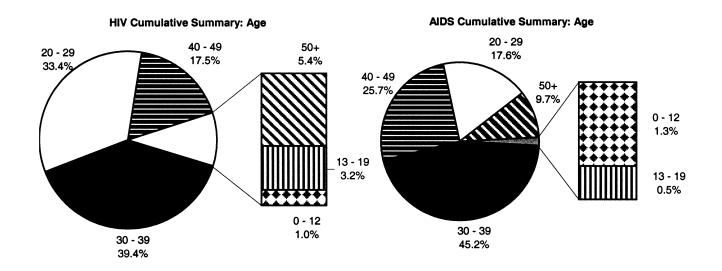
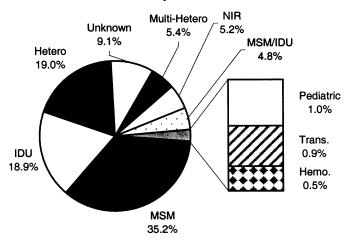
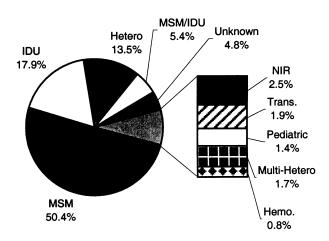


Figure A. HIV and AIDS Cumulative Summary Charts

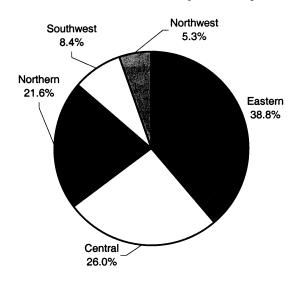
HIV Cumulative Summary: Transmission Mode



AIDS Cumulative Summary: Transmission Mode



HIV Cumulative Summary: Health Region



AIDS Cumulative Summary: Health Region

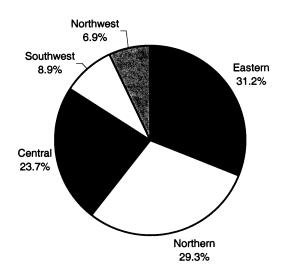


TABLE 1.B HIV and AIDS Unduplicated Summary*

	Unduplicate	ed Count
GENDER	No.	%
Male	17,266	78.6
Female	4,709	21.4
Total	21,975	100.0
RACE/ETHNICITY		
White	8,189	37.3
Black	12,792	58.2
Hispanic	751	3.4
Asian/Pacific Islander	139	0.6
American Indian/Alaskan Native	20	0.1
Unknown	84	0.4
Total	21,975	100.0
AGE ¹		
0-12	253	1.2
13-19	473	2.2
20-29	5,901	26.9
30-39	9,174	41.7
40-49	4,545	20.7
50 and Over	1,627	7.4
Unknown	2	0.0
Total	21,975	100.0
MODE OF TRANSMISSION		
Men Having Sex with Men (MSM) ²	9,568	43.5
Injecting Drug Use (IDU)	3,770	17.2
MSM & IDU	1,013	4.6
Hemophilia	128	0.6
Heterosexual Contact ³	3,431	15.6
Transfusion Blood/Products ⁴	330	1.5
Other:		
No Identified Risk (NIR)	920	4.2
Multiple Heterosexual Contacts 5	841	3.8
Undetermined/Unknown ⁶	1,712	7.8
Adult/Adolescent Sub-Total	21,713	98.8
Pediatric ⁷	262	1.2
Total	21,975	100.0
REGION		
Northwest	1,380	6.3
Northern	6,006	27.3
Southwest	1,848	8.4
Central	5,313	24.2
Eastern	7,428	33.8
Total	21,975	100.0

^{*} Virginia regulations require reporting of HIV and AIDS separately; therefore, an individual may be reported once as an HIV case and once as an AIDS case. This table presents the total number of people who are either HIV or AIDS. People reported as both an HIV case and an AIDS case are counted only once.

Figure B.1 Virginia HIV Cases by Health District

July, 1989 through June 30, 2001

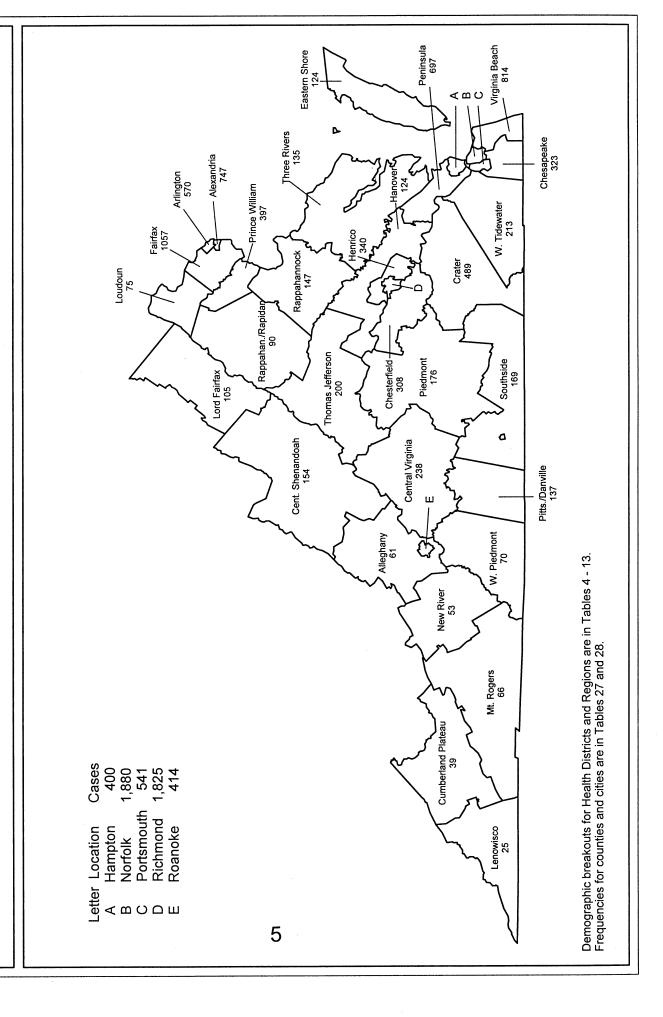


Figure B.2 Virginia HIV Case Rate per 100,000 Population by Locality

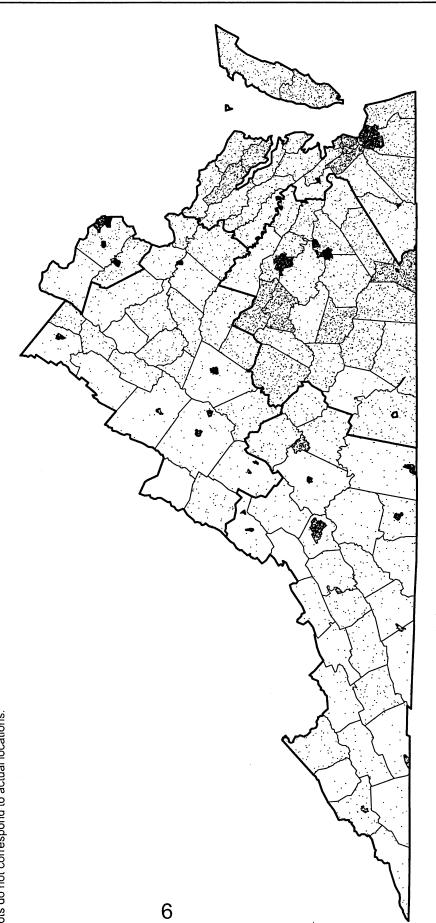
July, 1989 through June 30, 2001

HIV Case Rate / 100,000 Population



1 dot = 1 case/100,000 population

Dots are randomly placed in each locality. Dots do not correspond to actual locations.



Demographic breakouts for Health Districts and Regions are in Tables 4 - 13. Frequencies for counties and cities are in Tables 27 and 28.

Peninsula 548 Virginia Beach Eastern Shore 109 C B A Chesapeake 283 Three Rivers , 135 Alexandria 866 Arlington 1133 ~Prince William 393 W. Tidewater 179 Fairfax 1447 Figure C.1 Virginia AIDS Cases by Health District Rappahannock 197 Crater 414 Loudoun 88 Rappahan./Rapidan 126 مم Thomas Jefferson 259 Southside 178 Piedmont 215 Chesterfield - 360 Lord Fairfax 164 1982 through June 30, 2001 Central Virginia 259 ٥ Cent. Shenandoah 171 Pitts./Danville 138 W. Piedmont Alleghany 101 Demographic breakouts for Health Districts and Regions are in Tables 4 - 13. Frequencies for counties and cities are in Tables 27 and 28. New River 71 Mt. Rogers 80 Cumberland Plateau 40 Cases 314 1,444 422 1,522 378 Lenowisco 28 Portsmouth Richmond Roanoke Hampton Location Norfolk Letter 7 M C C B A

Figure C.2 Virginia AIDS Case Rate per 100,000 Population by Locality

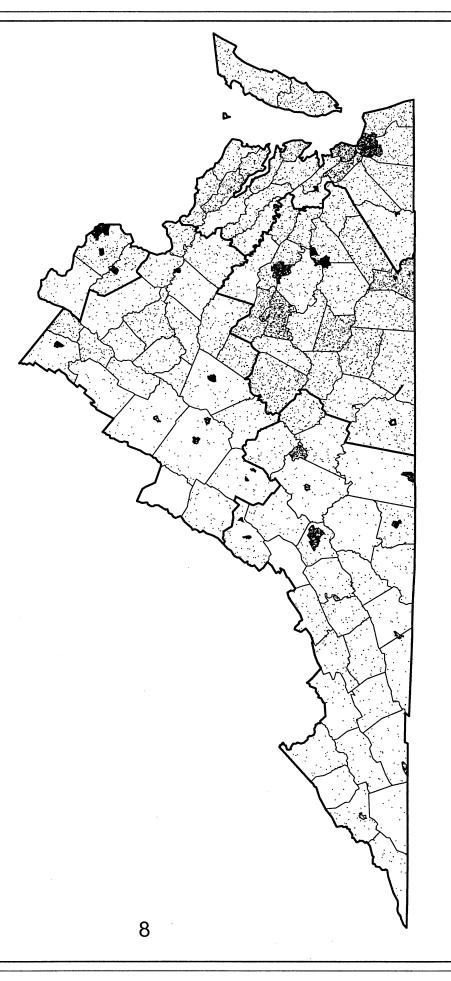
1982 through June 30, 2001

AIDS Case Rate / 100,000 Population



1 dot = 1 case/100,000 population

Dots are randomly placed in each location. Dots do not correspond to actual locations.



Demographic breakouts for Health Districts and Regions are in Tables 4 - 13. Frequencies for counties and cities are in Tables 27 and 28.

TABLE 2. HIV Cases by Year of Report

	July 1989	9-1995	199	6	199	7	1998	3	1999	200	0	2001	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases %	Cases	%	Cases	%
Cases Reported	8,213		980		993		825		917	799		476	
Cumulative Cases	8,213		9,193		10,186		11,011		11,928	12,727		13,203	
Gender													
Male	6,205	75.6	691	70.5	701	70.6	576	69.8	628 68.5	549	68.7	330	69.3
Female	2,008	24.4	289	29.5	292	29.4	249	30.2	289 31.5	250	31.3	146	30.7
Total	8,213		980		993		825		917	799		476	-
Race													
White	2,662	32.4	256	26.1	237	23.9	209	25.3	236 25.7	192	24.0	121	25.4
Black	5,261	64.1	688	70.2	711	71.6	569	69.0	635 69.2	546	68.3		65.1
Hispanic	205	2.5	28	2.9	30	3.0	31	3.8	38 4.1	39	4.9	31	6.5
Asian/Pac. Isl.	34	0.4	4	0.4	7	0.7	11	1.3	7 0.8	13	1.6	4	
Amer Indian	6	0.1	2	0.2	1	0.1	0	0.0	1 0.1	0	0.0	0	
Unknown	45	0.5	2	0.2	7	0.7	5	0.6	0 0.0	9	1.1	10	
Total	8,213		980		993		825		917	799		476	-
Age													
0 - 12	93	1.1	12	1.2	12	1.2	12	1.5	4 0.4	3	0.4	1	0.2
13 - 19	236	2.9	41	4.2	34	3.4	28	3.4	45 4.9	28	3.5	17	
20 - 29	2,963	36.1	337	34.4	279	28.1	210	25.5	255 27.8	229	28.7		27.7
30 - 39	3,266	39.8	378	38.6	390	39.3	343	41.6	347 37.8	313	39.2		34.7
40 - 49	1280	15.6	170	17.3	219	22.1	177	21.5	199 21.7	155	19.4		23.7
50 +	375	4.6	42	4.3	58	5.8	55	6.7	67 7.3	70	8.8		10.1
Unknown Total	<u>0</u> 8,213	0.0	980	0.0	993	0.1	<u>0</u> 825	0.0	<u>0</u> 0.0	<u>1</u> 799	0.1	476	
TOlai	0,213		900		993		020		917	799		470	
Selected Transmission	Mode												
MSM ²	3,035	37.0	339	34.6	325	32.7	273	33.1	297 32.4	237	29.7	147	30.9
IDU	1,854	22.6	165	16.8	164	16.5	101	12.2	84 9.2	73	9.1		10.7
MSM/IDU	486	5.9	46	4.7	28	2.8	26	3.2	24 2.6	19	2.4	9	
Hemophilia	61	0.7	2	0.2	0	0.0	1	0.1	3 0.3	1	0.1	0	
Heterosexual Contact ³	1,349	16.4	214	21.8	237	23.9	196	23.8	234 25.5	179	22.4	96	20.2
Transfusion ⁴	98	1.2	4	0.4	3	0.3	5	0.6	4 0.4	2	0.3	2	0.4
Multi-Heterosexual 5	476	5.8	74	7.6	68	6.8	31	3.8	30 3.3	25	3.1	6	1.3
No Identified Risk (NIR)	761	9.3	124	12.7	156	15.7	180	21.8	237 25.8	260	32.5		34.5
Pediatric	93	1.1	12	1.2	12	1.2	12	1.5	4 0.4		0.4	1	
Total	8,213		980		993		825		917	799		476	

TABLE 3. AIDS Cases by Year of Report

TABLE 3. AIDS Case	es by Yea	r of Rep	ort												
	1982-1		199		199		199		199		200		2001		
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Cases Reported	7,754		1,209		1,171		961		909		905		471		
Cumulative Cases	7,754		8,963		10,134		11,095		12,004		12,909		13,380		
Gender															
Male	6,703	86.4	990	81.9	928	79.2	742	77.2	700	77.0	681	75.2	360	76.4	
Female	1051	13.6	219	18.1	243	20.8	219	22.8	209	23.0	224	24.8	111	23.6	
Total	7,754		1,209		1,171		961		909		905		471		
Race															
White	3,874	50.0	433	35.8	385	32.9	293	30.5	262	28.8	277	30.6	128	27.2	
Black	3,594	46.4	724	59.9	731	62.4	637	66.3	601	66.1	571	63.1	309	65.6	
Hispanic	233	3.0	40	3.3	47	4.0	25	2.6	41	4.5	44	4.9	28	5.9	
Asian/Pac. Isl.	40	0.5	11	0.9	8	0.7	3	0.3	5	0.6	12	1.3	5	1.1	
Amer Ind.	10	0.1	1	0.1	0	0.0	1	0.1	0	0.0	0	0.0	1	0.2	
Unknown	3	0.0	0	0.0	0	0.0	2	0.2	0	0.0	1	0.1	0	0.0	
Total	7,754		1,209		1,171		961		909		905		471		
Age															
0 - 12	132	1.7	10	8.0	10	0.9	4	0.4	3	0.3	7	0.8	5	1.1	
13 - 19	35	0.5	7	0.6	8	0.7	5	0.5	5	0.6	3	0.3	2	0.4	
20 - 29	1503	19.4	217	17.9	179	15.3	149	15.5	120	13.2	122	13.5	67	14.2	
30 - 39	3,566	46.0	519	42.9	532	45.4	421	43.8	396	43.6	421	46.5	193	41.0	
40 - 49	1822	23.5	328	27.1	323	27.6	286	29.8	284	31.2	247	27.3	150	31.8	
50 +	696	9.0	128	10.6	119	10.2	96	10.0	101	11.1	105	11.6	54	11.5	
Total	7,754		1,209		1,171		961		909		905		471		
Selected Transmis	sion Mo	ode													
MSM ²	4,480	57.8	554	45.8	501	42.8	374	38.9	347	38.2	334	36.9	160	34.0	
IDU	1346	17.4	264	21.8	205	17.5	202	21.0	176	19.4	129	14.3	72	15.3	
MSM/IDU	456	5.9	67	5.5	68	5.8	42	4.4	37	4.1	31	3.4	16	3.4	
Hemophilia	69	0.9	6	0.5	6	0.5	5	0.5	6	0.7	3	0.3	6	1.3	
Heterosexual Contact ³	736	9.5	222	18.4	246	21.0	188	19.6	160	17.6	167	18.5	82	17.4	
Transfusion ⁴	201	2.6	14	1.2	17	1.5	12	1.2	6	0.7	5	0.6	5	1.1	
Multi-Heterosexual 5	52	0.7	26	2.2	35	3.0	31	3.2	27	3.0	40	4.4	18	3.8	
No Identified Risk (NIR)	272	3.5	45	3.7	80	6.8	103	10.7	145	16.0	188	20.8	106	22.5	
Pediatric	142	1.8	11	0.9	13	1.1	4	0.4	5	0.6	8	0.9	6	1.3	
Total	7,754		1,209		1,171		961		909		905		471		
	•		,		,										

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HIV	C SHENA	NDOAH	LORD FA	RFAX	RAPPAHA	NNOCK	RAPP./RAP	IDAN	TH. JEFFE	RSON	ТОТА	AL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender												
Male	128	83.1	74	70.5	114	77.6	69	76.7	138	69.0	523	75.1
Female	26	16.9	31	29.5	33	22.4	21	23.3	62	31.0	173	24.9
Total	154		105		147		90		200		696	
Race												
White	92	59.7	68	64.8	72	49.0	45	50.0	82	41.0	359	51.6
Black	56	36.4	34	32.4	69	46.9	43	47.8	113	56.5	315	45.3
Hispanic	5	3.2	9		5	3.4	9		3	1.5	17	2.4
Other / Unknown	1	0.6	3	2.9	1	0.7	2	2.2	2	1.0	5	0.7
Total	154		105		147		90		200		696	
Age												
0 - 12 ⁸											11	1.6
13 - 19 ⁸											24	3.4
20 - 29	50	32.5	37	35.2	37	25.2	27	30.0	75	37.5	226	32.5
30 - 39	69	44.8	35	33.3	58	39.5	39	43.3	74	37.0	275	39.5
40 +	29	18.8	23	21.9	45	30.6	22	24.4	41	20.5	160	23.0
Other / Unknown	6	3.9	10	9.5	7	4.8	2	2.2	10	5.0		
Total	154		105		147		90		200		696	
Selected Transmis	sion Mo	de										
MSM ²	65	42.2	36	34.3	59	40.1	34	37.8	81	40.5	275	39.5
IDU	40	26.0	15	14.3	24	16.3	17	18.9	33	16.5	129	18.5
MSM/IDU	14	9.1	4	3.8	7	4.8	9	10.0	10	5.0	44	6.3
Heterosexual Contact 3	18	11.7	21	20.0	30	20.4	14	15.6	45	22.5	128	18.4
No Identified Risk (NIR)	10	6.5	23	21.9	24	16.3	10	11.1	23	11.5	90	12.9
Other 10	7	4.5	6	5.7	3	2.0	6	6.7	8	4.0	30	4.3
Total	154		105		147		90		200		696	

TABLE 5. NORTHWEST REGION

AIDS	C SHENAN	IDOAH	LORD FA	IRFAX	RAPPAHA	NNOCK	RAPP./RA	PIDAN	TH. JEFFE	RSON	TOTA	٩L
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender												
Male	140	81.9	140	85.4	156	79.2	107	84.9	204	78.8	747	81.5
Female	31	18.1	24	14.6	41	20.8	19	15.1	55	21.2	170	18.5
Total	171		164		197		126		259		917	
Race												
White	98	57.3	134	81.7	99	50.3	68	54.0	121	46.7	520	56.7
Black	64	37.4	28	17.1	87	44.2	56	44.4	132	51.0	367	40.0
Hispanic	8	4.7	9		10	5.1	9		3	1.2	25	2.7
Other / Unknown	1	0.6	2	1.2	1	0.5	2	1.6	3	1.2	5	0.5
Total	171		164		197		126		259		917	
Age												
0 - 12 ⁸											10	1.1
13 - 19 ⁸											5	0.5
20 - 29	36	21.1	29	17.7	41	20.8	22	17.5	53	20.5	181	19.7
30 - 39	63	36.8	71	43.3	78	39.6	53	42.1	110	42.5	375	40.9
40 +	68	39.8	61	37.2	75	38.1	49	38.9	93	35.9	346	37.7
Other / Unknown	4	2.3	3	1.8	3	1.5	2	1.6	3	1.2		
Total	171		164		197		126		259		917	
Selected Transmis	sion Mo	ode										
MSM ²	71	41.5	86	52.4	85	43.1	54	42.9	125	48.3	421	45.9
IDU	38	22.2	21	12.8	34	17.3	25	19.8	48	18.5	166	18.1
MSM/IDU	7	4.1	9	5.5	13	6.6	11	8.7	10	3.9	50	5.5
Heterosexual Contact ³	27	15.8	19	11.6	26	13.2	13	10.3	39	15.1	124	13.5
No Identified Risk (NIR)	7	4.1	12	7.3	31	15.7	12	9.5	15	5.8	77	8.4
Other ¹⁰	21	12.3	17	10.4	8	4.1	11	8.7	22	8.5	79	8.6
Total	171	12.0	164	10.7	197		126	0.7	259	0.0	917	0.0

TABLE 6. NORTHERN REGION

TABLE 6. NORTHERN	REGION											
HIV	ALEXAN	IDRIA	ARLING	TON	FAIRF	AX	LOUDO	UN	PRINCE	WM	TOT	AL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender												
Male	536	71.8	431	75.6	755	71.4	55	73.3	273	68.8	2,050	72.0
Female	211	28.2	139	24.4	302	28.6	20	26.7	124	31.2	796	28.0
Total	747		570		1,057		75		397		2,846	
Davis												
Race			~									
White	206	27.6	217	38.1	415	39.3	29	38.7	149	37.5	1,016	35.7
Black	498	66.7	292	51.2	530	50.1	38	50.7	213	53.7	1,571	55.2
Hispanic	31	4.1	48	8.4	76	7.2	6	8.0	28	7.1	189	6.6
Other / Unknown	12 747	1.6	13 570	2.3_	<u>36</u> 1,057	3.4_	<u>2</u> 75	2.7_	397	1.8	70	2.5
Total	747		570		1,057		75		397		2,846	
Age												
0 - 12	3	0.4	9		11	1.0	9		9		19	0.7
13 - 19	17	2.3	9		27	2.6	9		9		67	2.4
20 - 29	219	29.3	160	28.1	321	30.4	20	26.7	145	36.5	865	30.4
30 - 39	327	43.8	243	42.6	432	40.9	32	42.7	157	39.5	1,191	41.8
40 +	181	24.2	158	27.7	266	25.2	20	26.7	79	19.9	704	24.7
Other / Unknown	0	0.0	9	1.6	0	0.0	3	4.0	16	4.0		
Total	747		570		1,057		75		397		2,846	
Selected Transmis	ssion Me	ode										
MSM ²	273	36.5	233	40.9	378	35.8	32	42.7	108	27.2	1,024	36.0
IDU	133	17.8	117	20.5	196	18.5	10	13.3	89	22.4	545	19.1
MSM/IDU	28	3.7	9		29	2.7	9		18	4.5	94	3.3
Heterosexual Contact 3	138	18.5	75	13.2	177	16.7	12	16.0	70	17.6	472	16.6
No Identified Risk (NIR)	166	22.2	118	20.7	242	22.9	13	17.3	99	24.9	638	22.4
Other ¹⁰	9	1.2	27	4.7	35	3.3	8	10.7	13	3.3	73	2.6
Total	747		570		1,057	5.5_	75		397	5.5	2,846	0

TABLE 8. SOUTHWEST REGION

IABLE 6. SOUTHWI																				
HIV	ALLEG		CENTR		CUMB		LENOW		MT RO		NEW R		PITTS		ROAN		W PIEDN		TOTA	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender																				
Male	46	75.4	_	64.7		89.7		88.0		77.3		81.1	87	63.5		72.0	49	70.0	785	71.2
Female	15	24.6		35.3		10.3		12.0		22.7		18.9		36.5		28.0	21	30.0	318	28.8
Total	61		238		39		25		66		53		137		414		70		1,103	
Race																				
White	38	62.3	82	34.5	23	59.0	17	68.0	48	72.7	38	71.7	39	28.5	193	46.6	28	40.0	506	45.9
Black	23	37.7	151	63.4	16	41.0		28.0		25.8		28.3		70.8		50.5	38	54.3	573	51.9
Hispanic	0	0.0		00.1	0	0.0		0.0		20.0	0	0.0		70.0	7	1.7	4	5.7	13	1.2
Other / Unknown	0	0.0		2.1	-	0.0	-	4.0		1.5	_	0.0		0.7		1.2	0	0.0	11	1.0
Total	61		238		39		25		66		53		137		414	· -	70		1,103	
Age																				
0 - 12	9		9	3.8	9		9		0	0.0	9		3	2.2	6	1.4	9		23	2.1
13 - 19	9		7	2.9	9		9		3	4.5			8	5.8		3.4	9		46	4.2
20 - 29	16	26.2	69	29.0	16	41.0	10	40.0	24	36.4		35.8	45	32.8	147	35.5	26	37.1	372	33.7
30 - 39	25	41.0	99	41.6	11	28.2	8	32.0	21	31.8	11	20.8	50	36.5	172	41.5	26	37.1	423	38.3
40 +	17	27.9	54	22.7	7	17.9		20.0	18	27.3	_	37.7	31	22.6	75	18.1	12	17.1	239	21.7
Other / Unknown	3	4.9		0.0		12.8		8.0		0.0		5.7	0	0.0		0.0	6	8.6		
Total	61		238		39		25		66		53		137		414		70		1,103	
Selected Transmis	ssion N	lode																		
MSM ²	21	34.4	73	30.7	10	25.6	7	28.0	26	39.4	23	43.4	34	24.8	185	44.7	22	31.4	401	36.4
IDU	14	23.0		15.5	_	20.5		20.0		10.6		11.3		16.8		17.1	12	17.1	183	16.6
MSM/IDU	4	6.6		6.7	3	7.7		_0.0	4	6.1	9		7	5.1	23	5.6	4	5.7	66	6.0
Heterosexual Contact ³		19.7		23.1	8	20.5		16.0	17	25.8	10	18.9		32.8		19.3	16	22.9	247	22.4
No Identified Risk (NIR)		11.5		18.9	-	10.3		20.0		18.2		20.8		16.1	46	11.1	13	18.6	165	15.0
Other ¹⁰	3	4.9	_	5.0		15.4	_	16.0		0.0		5.7		4.4	_	2.2	_	4.3	41	3.7
Total	61	4.9	238	5.0	39	15.4	25	10.0	66	0.0	<u>3</u> 53	5.7	137	4.4	414	۷.۷_	70	4.3	1,103	3.7
i Ulai	01		230		39		25		90		55		131		414		70		1,103	

TABLE 7. NORTHERN REGION

AIDS	ALEXAN	IDRIA	ARLING	STON	FAIRE	AX	LOUD	OUN	PRINCE	E WM	TOT	AL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender												
Male	746	86.1	1,050	92.7	1,262	87.2	78	88.6	312	79.4	3,448	87.8
Female	120	13.9	83	7.3	185	12.8	10	11.4	81	20.6	479	12.2
Total	866		1,133		1,447		88		393		3,927	
Race												
	405	40.4	700	04.0	000	FO C	50	FC 0	202	54 7	0.070	57.0
White	425 384	49.1 44.3	732 298	64.6 26.3	862 437	59.6 30.2	50	56.8 38.6	203 165	51.7 42.0	2,272 1,318	57.9
Black Hispanic	50 50	5.8	296 87	20.3 7.7	113	7.8	34	30.0	9	42.0	270	33.6 6.9
Other / Unknown	7	0.8	16	1.4	35	2.4	4	4.5	25	6.4	67	1.7
Total	866	0.0	1,133	11	1,447	۷.٦_	88	4.0	393	U. T	3,927	1.7
Aara												
Age	9		9		40	0.0	9		9		0.4	0.0
0 - 12 13 - 19	9		9		12 9	0.8 0.6	9		9		31 16	0.8 0.4
20 - 29	150	17.3	153	13.5	243	16.8	13	14.8	61	15.5	620	15.8
30 - 39	403	46.5	526	46.4	651	45.0	43	48.9	187	47.6	1,810	46.1
40 +	309	35.7	451	39.8	532	36.8	28	31.8	130	33.1	1,450	36.9
Other / Unknown	4	0.5	3	0.3	0	0.0	4	4.5	15	3.8	,	
Total	866	-	1,133	-	1,447	-	88	-	393	-	3,927	
Selected Transmis	ssion Mo	de										
			005	70.7	075	CO F	40	 7	470	40.0	0.400	60.0
MSM ² IDU	537 107	62.0 12.4	835 104	73.7 9.2	875 188	60.5 13.0	49 13	55.7 14.8	170 81	43.3 20.6	2,466 493	62.8 12.6
MSM/IDU	31	3.6	104 42	3.7	50	3.5	7	8.0	19	4.8	493 149	3.8
Heterosexual Contact No Identified Risk (NIR)	87 88	10.0 10.2	66 68	5.8 6.0	139 141	9.6 9.7	6 5	6.8 5.7	42 49	10.7 12.5	340 351	8.7 8.9
, ,												
Other ¹⁰	16	1.8	18	1.6	54	3.7	8	9.1	32	8.1	128	3.3
Total	866		1,133		1,447		88		393		3,927	

AIDS	ALLEG	HANY	CENTR	AL VA	CUMB I	PLAT	LENOW	ISCO	MT RO	GERS	NEW R	IVER	PITTS/DA	NVILLE	ROAN	IOKE	W. PIEDI	MONT	TOTA	AL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender																				
Male	82	81.2	195	75.3	33	82.5	24	85.7	65	81.3	66	93.0	107	77.5	299	79.1	78	79.6	949	79
Female	19	18.8	64	24.7	7	17.5	4	14.3	15	18.8	5	7.0	31	22.5	79	20.9	20	20.4	244	20
Total	101		259		40		28		80		71		138		378		98		1,193	
Race																				
White	74	73.3	89	34.4	35	87.5	26	92.9	68	85.0	51	71.8	48	34.8	204	54.0	33	33.7	628	52.
Black	26	25.7	167	64.5	9		9		11	13.8	19	26.8	90	65.2	169	44.7	60	61.2	549	46.
Hispanic 8	9		3	1.2	9		9		1	1.3	9		0	0.0	3	0.8	5	5.1	14	1
Other / Unknown	1	1.0	0	0.0	5	12.5	2	7.1	1	1.3	1	1.4	0	0.0	2	0.5	0	0.0	2	0.
Total	101		259		40		28		80		71		138		378	•	98		1,193	
Age																				
0 - 12 ⁸																			26	2
13 - 19 ⁸																			5	0
20 - 29	18	17.8	52	20.1	9	22.5	3	10.7	13	16.3	18	25.4	31	22.5	70	18.5	26	26.5	240	20
30 - 39	38	37.6		43.2		35.0	12	42.9		51.3		42.3		40.6	182	48.1	45	45.9	530	44
40 +	43	42.6	83	32.0	17	42.5	11	39.3	25	31.3	23	32.4	44	31.9	119	31.5	27	27.6	392	32
Other / Unknown	2	2.0	12	4.6	0	0.0	2	7.1	1	1.3	0	0.0	7	5.1	7	1.9	0	0.0		
Total	101		259		40		28		80		71		138		378	•	98		1,193	
Selected Transmis	sion M	lode																		
MSM ²	52	51.5	93	35.9	18	45.0	12	42.9	36	45.0	41	57.7	63	45.7	195	51.6	39	39.8	549	46
IDU	8	7.9		17.8			9		11	13.8		15.5		13.8	61	16.1	25	25.5	187	15
MSM/IDU	6	5.9		7.7			9		5	6.3		8.5		5.1	26	6.9	5	5.1	79	6
Heterosexual Contact ³	3 22	21.8	52	20.1	6	15.0	5	17.9	14	17.5	5	7.0	26	18.8	57	15.1	11	11.2	198	16
No Identified Risk (NIR)	7	6.9	-	10.0		2.5		0.0		11.3		7.0	_	8.0	31	8.2	14	14.3	104	8
Other ¹⁰	6	5.9		8.5		37.5		39.3		6.3		4.2		8.7	8	2.1	4	4.1	76	6
Total	101	2.0	259	2.0	40		28		80	2.0	71		138		378		98	•••	1,193	

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TABLE 10. CENTRAL REGION

HIV	CHESTE	RFIELD	CRA1	ΓER	HANO	VER	HENR	ICO	PIEDN	MONT	RICHIV	IOND	SOUTH	ISIDE	тот	'AL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender																
Male	241	78.2	354	72.4	73	58.9	247	72.6	133	75.6	1,367	74.9	114	67.5	2,529	73.7
Female	67	21.8	135	27.6	5 51	41.1	93	27.4	43	24.4	458	25.1	55	32.5	902	26.3
Total	308		489		124		340		176		1,825		169		3,431	
Race																
White	102	33.1	56	11.5	39	31.5	132	38.8	28	15.9	363	19.9	24	14.2	744	21.7
Black	196	63.6		86.7		66.9	199	58.5		82.4	1,426	78.1		84.6	2,616	76.2
Hispanic	10	3.2		1.4			6	1.8			26	1.4			54	1.6
Other / Unknown	0	0.0		0.4		1.6		0.9		1.7		0.5		1.2		0.5
Total	308		489		124		340		176		1,825		169		3,431	
Age																
0 - 12	9		5	1.0			9		3	1.7	14	0.8	9		30	0.9
13 - 19	9		20	4.1			9		5	2.8		2.6			95	2.8
20 - 29	80	26.0		31.5		33.9		34.4		33.0		31.1			1,064	31.0
30 - 39	136	44.2		39.5		44.4		39.4		38.1	737	40.4			1,385	40.4
40 +	80	26.0		23.9		18.5		22.6		24.4		25.2		33.7		25.0
Other / Unknown	12	3.9		0.0		3.2		3.5		0.0		0.0		1.8		
Total	308		489		124		340		176		1,825		169		3,431	
Selected Transmis	sion Mo	ode														
MSM ²	97	31.5	121	24.7	28	22.6	130	38.2	39	22.2	713	39.1	26	15.4	1,154	33.6
IDU	76	24.7	106	21.7	⁷ 51	41.1	48	14.1	43	24.4	380	20.8	45	26.6	749	21.8
MSM/IDU	26	8.4	23	4.7	6	4.8	16	4.7	23	13.1	111	6.1	16	9.5	221	6.4
Heterosexual Contact ³	44	14.3	94	19.2	2 20	16.1	67	19.7	40	22.7	331	18.1	42	24.9	638	18.6
No Identified Risk (NIR)	59	19.2	133	27.2	2 16	12.9	68	20.0	23	13.1	264	14.5	35	20.7	598	17.4
Other ¹⁰	6	1.9	12	2.5	3	2.4	11	3.2	8	4.5	26	1.4	. 5	3.0	71	2.1
Total	308		489		124		340		176		1,825		169		3,431	

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TABLE 11. CENTRAL REGION

AIDC																
AIDS	CHESTE	RFIELD	CRA1	ΓER	HANO	VER	HENR	ICO	PIEDM	ONT	RICHM	IOND	SOUTH	SIDE	TOT	AL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender																
Male	314	87.2		80.7		71.9		84.6			1,242	81.6		78.1	2,594	81.9
Female	46	12.8		19.3		28.1	55	15.4		18.1		18.4		21.9		18.1
Total	360		414		121		357		215		1,522		178		3,167	
Race																
White	133	36.9	70	16.9	42	34.7	168	47.1	39	18.1	379	24.9	21	11.8	852	26.9
Black	220	61.1		80.7		62.0		49.9		80.9	1,121	73.7			2,259	71.3
Hispanic	7	1.9		2.2			5	1.4			21	1.4		0.0	48	1.5
Other / Unknown	0	0.0		0.2		3.3		1.7		0.9		0.1		0.0		0.3
Total	360		414		121		357		215		1,522		178		3,167	
Age																
0 - 12	9		9		9		5	1.4			17	1.1	9		35	1.1
13 - 19	9		9		9		3	0.8			10	0.7			20	0.6
20 - 29	62	17.2		17.1	23	19.0		18.8		19.5		14.6		14.6		16.2
30 - 39	183	50.8		46.1	53	43.8		42.3		46.0		46.8		41.6	•	46.2
40 +	111	30.8		35.0		36.4		36.7		33.5		36.9		40.4 3.4	•	35.9
Other / Unknown Total	360	1.1	<u>7</u> 414	1.7	<u>1</u>	0.8	0 357	0.0	215	0.9	1,522	0.0	6 178	3.4	3,167	
Total	300		414		121		331		213		1,522		170		3,107	
Oalastad Tuanani	!	/I -														
Selected Transmis	ssion iv	ioae														
MSM ²	132	36.7		36.0		34.7	187	52.4		26.0		48.1	42		1,340	42.3
IDU	93	25.8		27.1	34	28.1	52	14.6		32.1		23.5		29.2		24.3
MSM/IDU	40	11.1	21	5.1	7	5.8	21	5.9	24	11.2	88	5.8	12	6.7	213	6.7
Heterosexual Contact 3		14.2		15.7		16.5		13.2		15.8		15.2		24.2		15.5
No Identified Risk (NIR)	30	8.3	53	12.8	16	13.2	29	8.1	25	11.6	73	4.8	16	9.0	242	7.6
Other 10	14	3.9	14	3.4	2	1.7	21	5.9	7	3.3	40	2.6	13	7.3	111	3.5
Total	360		414		121		357		215		1,522		178		3,167	

TABLE 12. EASTERN REGION

> -		•																	
HIV	CHESAF	PEAKE	E SHO	DRE	HAMP	TON	NORF	OLK	PENIN	SULA	PORTS	MOUTH	THREE F	RIVERS	VA BE	ACH	W TIDEV	VATER TOT	ΓAL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	% Cases	%
Gender																			
Male	224	69.3	67	54.0	310	77.5	1,446	76.9	498	71.4	386	71.3	97	71.9	604	74.2	161	75.6 3,793	74.0
Female	99	30.7	57	46.0	90	22.5	434	23.1	199	28.6	155	28.7	38	28.1	210	25.8	52	24.4 1,334	26.0
Total	323		124		400		1,880		697		541		135	•	814		213	5,127	
Race																			
White	59	18.3	14	11.3	79	19.8	455	24.2	152	21.8	112	20.7	46	34.1	349	42.9	22	10.3 1,288	25.1
Black	260	80.5	101	81.5	304	76.0	1,348	71.7	518	74.3	422	78.0	86	63.7	420	51.6	186	87.3 3,645	71.1
Hispanic	9		8	6.5		2.8	48	2.6		3.4	9		9		31	3.8		129	2.5
Other / Unknown	4	1.2		0.8		1.5		1.5		0.4		1.3		2.2		1.7		2.3 65	1.3
Total	323		124		400		1,880		697		541		135		814		213	5,127	
A																			
Age					_				_				•				0		
0 - 12	4	1.2	9		3	0.8	14	0.7	6	0.9	11	2.0			10	1.2		54	1.1
13 - 19	15	4.6		04.5	15	3.8	77	4.1	23	3.3		4.3		04.4	21	2.6		197	3.8
20 - 29	116	35.9	39	31.5		32.0	762	40.5		33.3 42.0		32.9 38.8		31.1	311	38.2 39.3		32.9 1,878	36.6
30 - 39 40 +	111 77	34.4 23.8	37 38	29.8 30.6		36.5 27.0	679 348	36.1 18.5	293 142	20.4	210 119	22.0		34.1 29.6	320 151	39.3 18.6		40.4 1,928 21.1 1,068	37.6 20.8
Other / Unknown	0	0.0		8.1	0	0.0	0	0.0		0.1	0	0.0		5.2		0.1	12	5.6 2	0.0
Total	323	0.0	124	0.1	400	0.0	1,880	0.0	697	0.1	541	0.0	135	5.2	814	0.1	213	5,127	0.0
Selected Transmi	ssion l	Vode	•																
MSM ²	103	31.9	20	16.1	121	30.3	740	39.4	228	32.7	159	29.4	33	24.4	327	40.2	68	31.9 1,799	35.1
IDU	54	16.7	20	16.1	107	26.8	265	14.1	157	22.5	103	19.0		23.7	107	13.1		19.2 886	17.3
MSM/IDU	15	4.6	9		12	3.0	84	4.5	29	4.2	23	4.3	9		30	3.7	11	5.2 213	4.2
Heterosexual Contact	103	31.9	51	41.1	69	17.3	300	16.0	128	18.4	120	22.2	32	23.7	165	20.3	52	24.4 1,020	19.9
No Identified Risk (NIR)		11.8	_	21.0		21.3	465	24.7		20.4		21.4		20.7	164	20.1		16.4 1,099	21.4
Other ¹⁰	10	3.1	7	5.6	6	1.5	26	1.4	13	1.9		3.7	10	7.4	21	2.6	6	2.8 110	2.1
Total	323	5.1	124	0.0	400	1.5	1,880		697		541	0.7	135		814	2.0	213	5,127	

TABLE 13. EASTERN REGION

2 0

AIDS	CHESA	PEAKE	E SHO	DRE	HAMP	TON	NORF	OLK	PENIN	SULA	PORTS	иоитн	THREE I	RIVERS	VA BE	EACH	W TIDEV	WATER	тот	AL
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Gender																				
Male	232	82.0	78	71.6	252	80.3	1,172	81.2	443	80.8	329	78.0	114	84.4	601	81.0	145	81.0	3,366	80.6
Female	51	18.0	31	28.4	62	19.7	272	18.8	105	19.2	93	22.0	21	15.6	141	19.0	34	19.0	810	19.4
Total	283		109		314		1,444		548		422		135		742		179		4,176	
Race																				
White	91	32.2	18	16.5	86	27.4	446	30.9	158	28.8		21.1	47	34.8	404	54.4	41		1,380	33.0
Black	188	66.4		78.9	217	69.1	952	65.9	369	67.3		78.2	87	64.4	308	41.5		76.5	2,674	64.0
Hispanic	9		5	4.6	8	2.5	38	2.6	20	3.6			9		25	3.4			101	2.4
Other / Unknown	4	1.4		0.0		1.0	8	0.6		0.2		0.7	1	0.7	5	0.7		0.6	21	0.5
Total	283		109		314		1,444		548		422		135		742		179		4,176	
Age																				
0 - 12	5	1.8	9		7	2.2	16	1.1	9		9		9		14	1.9	9		69	1.7
13 - 19	0	0.0			0	0.0	8	0.6	9		9		9		6	0.8			19	0.5
20 - 29	60	21.2		18.3	57	18.2	291	20.2	104	19.0	80	19.0	18	13.3	148	19.9		14.0	803	19.2
30 - 39	126	44.5	40	36.7	132	42.0	656	45.4	244	44.5		42.7	57	42.2	355	47.8			1,870	44.8
40 +	92	32.5	44	40.4	118	37.6	473	32.8	187	34.1	154	36.5	59	43.7	219	29.5	69		1,415	33.9
Other / Unknown	0	0.0	5	4.6	0	0.0	0	0.0	13	2.4	8	1.9	1	0.7	0	0.0	5	2.8		
Total	283		109		314	·	1,444	•	548		422	•	135	·	742		179	•	4,176	
Selected Transmis	sion M	ode																		
MSM ²	128	45.2	31	28.4	134	42.7	747	51.7	240	43.8	161	38.2	56	41.5	388	52.3	89	49.7	1,974	47.3
IDU	49	17.3		18.3	83	26.4	240	16.6	128	23.4		23.2	23	17.0	113	15.2		13.4	778	18.6
MSM/IDU	12	4.2		3.7	12	3.8	90	6.2	32	5.8		6.4	8	5.9	32	4.3		5.0	226	5.4
Heterosexual Contact ³	62	21.9		30.3	32	10.2	204	14.1	67	12.2		19.9	23	17.0	109	14.7		19.0	648	15.5
No Identified Risk (NIR)	62 19	6.7		30.3 14.7	32 35	11.1	133	9.2		10.9		8.3	23 18	13.3	66	8.9		6.7	394	9.4
Other ¹⁰		4.6	_	4.6		5.7		2.1		3.8		4.0	7	5.2		4.6		6.1		3.7
	13 283	4.0	<u>5</u> 109	4.6	<u>18</u> 314	-	30 1,444	2.1	21 548	3.8	<u>17</u> 422	4.0	135	5.2	742	4.6	<u>11</u> 179	0.1	156 4,176	3.7
Total	203		109		314		1,444		346		422		133		142		179		4,170	

TABLE 14. HIV Cases and Rates per 100,000 Population by Region and Year of Report ¹¹

	1989-1998	199	9	200	0	2001	22	TOTAL 12
REGION	Cases	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Northwest	572	52	5.7	35	3.8	37	7.3	696
Northern	2,272	236	14.4	217	13.3	121	13.3	2,846
Southwest	943	65	5.2	61	4.9	34	5.2	1,103
Central	2,872	274	24.4	160	14.2	125	20.5	3,431
Eastern	4,352	290	17.1	326	19.2	159	18.4	5,127
Virginia	11,011	917	13.9	799	12.1	476	13.4	13,203

TABLE 15. AIDS Cases and Rates per 100,000 Population by Region and Year of Report ¹¹

	1982-1998	199	9	200	0	2001	22	TOTAL 12
REGION	Cases	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Northwest	762	58	6.4	46	5.0	51	10.1	917
Northern	3,246	256	15.6	274	16.7	151	16.6	3,927
Southwest	994	76	6.1	82	6.6	41	6.3	1,193
Central	2,667	228	20.3	203	18.1	69	11.3	3,167
Eastern	3,426	291	17.2	300	17.7	159	18.4	4,176
Virginia	11,095	909	13.7	905	13.7	471	13.3	13,380

FIGURE D. Reported HIV and AIDS Rates per 100,000 by Region and State, Jan. 1 - Jun. 30, 2001

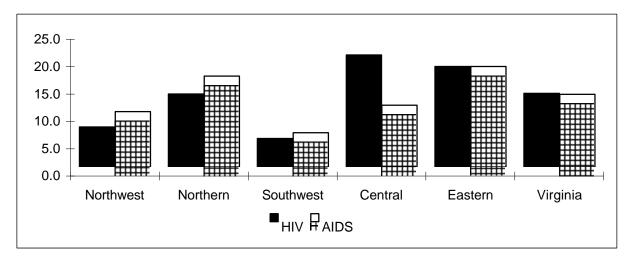


TABLE 16. HIV Cases and Rates per 100,000 Population by Region and Year of Diagnosis*

	1989-1998	199	9	200	0	2001	²² 1	OTAL 12
REGION	Cases	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Northwest	613	42	4.6	33	3.6	8	1.6	696
Northern	2,473	168	10.3	168	10.3	37	4.1	2,846
Southwest	994	44	3.5	49	3.9	16	2.4	1,103
Central	3,008	203	18.1	156	13.9	64	10.5	3,431
Eastern	4,529	240	14.2	269	15.9	89	10.3	5,127
Virginia	11,617	697	10.5	675	10.2	214	6.0	13,203

TABLE 17. AIDS Cases and Rates per 100,000 Population by Region and Year of Diagnosis*

	1982-1998	199	9	200	0	2001	²² 1	TOTAL 12
REGION	Cases	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Northwest	805	63	6.9	28	3.1	21	4.2	917
Northern	3,517	228	13.9	147	9.0	35	3.9	3,927
Southwest	1,065	57	4.6	57	6.1	14	2.1	1,193
Central	2,790	179	15.9	157	14.0	41	6.7	3,167
Eastern	3,634	277	16.3	209	12.3	56	6.5	4,176
Virginia	11,811	804	12.1	598	9.0	167	4.7	13,380

^{*} Note: Data for 2000 and 2001 are not complete because reports of diagnosis lag.

FIGURE E. Diagnosed HIV and AIDS Rates per 100,000 by Region and State, Jan. 1 - Jun. 30, 2001

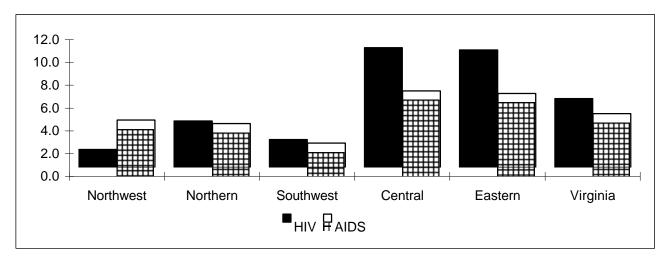


TABLE 18. HIV Cases by Gender and Public, Private and Military Source of Report (Percentages are for gender by source of report)

	PRIVA	ΓΕ	PUBL	IC	MILITA	RY	TOTAL
Gender	No.	%	No.	%	No.	%	No.
Male	6,359	65.7	2,830	29.2	491	5.1	9,680
Female	2,248	63.8	1,235	35.1	40	1.1	3,523
Total	8,607	65.2	4,065	30.8	531	4.0	13,203

TABLE 19. HIV and AIDS Reported, Diagnosed and Deceased by Year¹⁶

HIV* AIDS* Year Reported* Diagnosed* Reported* Diagnosed* Living* Deceased* CFR* 1980 n/a n/a n/a n/a n/a n/a 0 1981 n/a n/a n/a n/a n/a n/a 5 14 1982 n/a 6 1 13 92.9 1983 8 30 0 n/a 21 30 100.0 17 2 1984 n/a 42 60 58 96.7 112 1985 n/a 102 166 12 154 92.8 89.4 1986 n/a 192 167 246 26 220 307 268 43 377 89.8 1987 n/a 420 1988 n/a 347 375 495 85 410 82.8 805 1989 198 443 631 112 519 82.3 1990 1,143 1,384 647 772 162 610 79.0 1991 1,645 1,455 661 921 179 742 80.6 1,370 1,445 743 1,275 874 68.5 1992 401 1,496 1993 1,180 1,629 1,309 432 877 67.0 1994 1,108 951 1,192 1,226 537 689 56.2 1995 1,253 929 1,458 1,261 701 560 44.4 30.3 1996 980 882 1,209 1,111 774 337 1997 993 858 1,171 987 742 245 24.8 1998 825 751 961 887 726 161 18.2 909 804 13.3 1999 917 680 697 107 2000** 799 675 905 598 57 9.5 541 2001** 476 214 471 167 157 10 6.0 Total 13.203 13,199 13,380 13.380 6.330 7.050 52.7

^{*} Reported = cases reported in a calendar year. AIDS became reportable in 1983; HIV became reportable in July 1989. Diagnosed = people diagnosed in a calendar year.

Living = people diagnosed in one year who are alive as of the end of the current quarter.

Deceased = people diagnosed in one year who have died. Does not equal the number of deaths in that year.

CFR = Case Fatality Rate: percent of diagnosed cases who have died regardless of year of death.

^{** 2000} and 2001 data for number of cases diagnosed are preliminary.

FIGURE F. HIV Cases Reported and Diagnosed by Year¹⁵

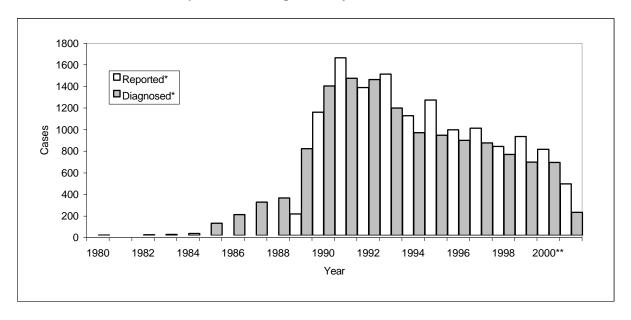
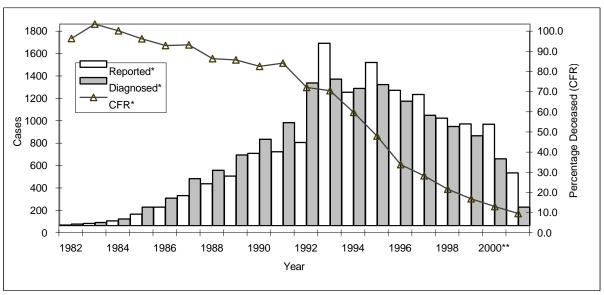


FIGURE G. AIDS Cases Reported, Diagnosed and Percentage Deceased, by Year¹⁵



^{*} Reported = cases reported in a calendar year. AIDS became reportable in 1982; HIV became reportable in July 1989. Diagnosed = people diagnosed in a calendar year.

CFR = Case Fatality Rate: percent of diagnosed cases who have died regardless of year of death.

^{** 2000} and 2001 data for number of cases diagnosed are preliminary.

TABLE 20. Adult/Adolescent HIV Cases by Gender, Transmission Mode and Race/Ethnicity

MALE	WH	ITE	BLA	СК	OTHE	ER ¹³	UNKN	OWN	TOTA	AL
Transmission Mode:	No.	%	No.	%	No.	%	No.	%	No.	%
Men Having Sex with Men (MSM) ²	2,154	67.8	2,352	39.6	129	35.6	18	27.3	4,653	48.8
Injecting Drug Use (IDU)	254	8.0	1,348	22.7	55	15.2	3	4.5	1,660	17.4
MSM/IDU	200	6.3	427	7.2	11	3.0	0	0.0	638	6.7
Heterosexual Contact:3										
Sex with IDU	29	0.9	146	2.5	11	3.0	1	1.5	187	2.0
Sex with Other at Risk	95	3.0	503	8.5	38	10.5	2	3.0	638	6.7
Transfusion Blood/ Products 4	21	0.7	24	0.4	5	1.4	0	0.0	50	0.5
Other:										
No Identified Risk (NIR)	68	2.1	248	4.2	22	6.1	3	4.5	341	3.6
Multi-Heterosexual Contact ⁵	100	3.1	329	5.5	31	8.6	3	4.5	463	4.9
Undetermined/Unknown ⁶	257	8.1	561	9.4	60	16.6	36	54.5	914	9.6
Sub-Total	3,178	100.0	5,938	100.0	362	100.0	66	100.0	9,544	100.0

FEMALE	WH	ITE	BLA	CK	OTHE	R ¹³	UNKN	OWN	TOTA	AL
Transmission Mode:	No.	%	No.	%	No.	%	No.	%	No.	%
Injecting Drug Use (IDU)	179	27.7	633	23.7	20	16.5	0	0.0	832	24.1
Heterosexual Contact:3										
Sex with IDU	97	15.0	431	16.1	10	8.3	0	0.0	538	15.6
Sex with Other at Risk	219	33.9	861	32.2	59	48.8	3	25.0	1,142	33.1
Transfusion Blood/ Products ⁴	18	2.8	45	1.7	5	4.1	0	0.0	68	2.0
Other:										
No Identified Risk (NIR)	52	8.0	275	10.3	15	12.4	1	8.3	343	9.9
Multi-Heterosexual Contact ⁵	34	5.3	209	7.8	4	3.3	0	0.0	247	7.2
Undetermined/Unknown ⁶	47	7.3	221	8.3	8	6.6	8	66.7	284	8.2
Sub-Total	646	100.0	2,675	100.0	121	100.0	12	100.0	3,454	100.0
Hemophilia ¹⁴	53	1.4	14	0.2	1	0.2	0	0.0	68	0.5
Total	3,877	29.7	8,627	66.0	484	3.7	78	0.6	13,066	100.0

TABLE 21. HIV Cases by Gender, Age at Diagnosis and Race/Ethnicity

MALE	WHI	TE	BLA	CK	OTHE	R 13	UNKN	OWN	TOTA	ا لد
Age at Diagnosis (Years)	No.	%	No.	%	No.	%	No.	%	No.	%
0-12	21	0.6	44	0.7	4	1.1	0	0.0	69	0.7
13-19	56	1.7	153	2.6	6	1.6	1	1.5	216	2.2
20-29	1,115	34.3	1,833	30.6	137	37.3	24	36.4	3,109	32.1
30-39	1,300	40.0	2,456	41.0	148	40.3	24	36.4	3,928	40.6
40-49	555	17.1	1,189	19.8	52	14.2	14	21.2	1,810	18.7
50 and Over	204	6.3	320	5.3	20	5.4	2	3.0	546	5.6
Unknown	0	0.0	1	0.0	0	0.0	1	1.5	2	0.0
Sub-Total	3,251	100.0	5,996	100.0	367	100.0	66	100.0	9,680	100.0

FEMALE	WH	ITE	BLA	СК	ОТНЕ	ER ¹³	UNKN	OWN	тот	AL
Age at Diagnosis (Years)	No.	%	No.	%	No.	%	No.	%	No.	%
0-12	15	2.3	49	1.8	4	3.2	0	0.0	68	1.9
13-19	43	6.5	159	5.8	10	8.0	1	8.3	213	6.0
20-29	254	38.4	986	36.2	51	40.8	5	41.7	1,296	36.8
30-39	232	35.0	1,001	36.7	38	30.4	3	25.0	1,274	36.2
40-49	84	12.7	400	14.7	16	12.8	3	25.0	503	14.3
50 and Over	34	5.1	129	4.7	6	4.8	0	0.0	169	4.8
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sub-Total	662	100.0	2,724	100.0	125	100.0	12	100.0	3,523	100.0
Total	3.913	29.6	8.720	66.0	492	3.7	78	0.6	13.203	100.0

TABLE 22. Adult/Adolescent AIDS Cases by Gender, Transmission Mode and Race/Ethnicity

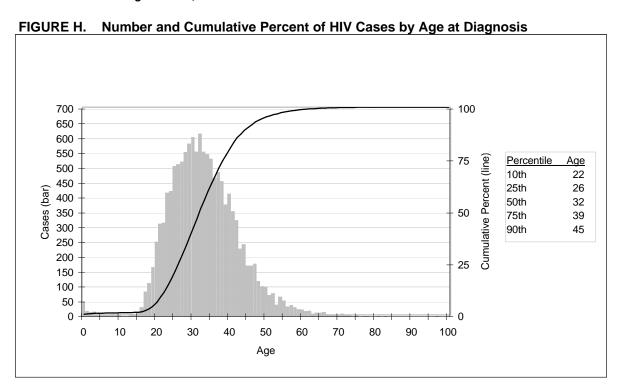
MALE	WHI	TE	BLA	CK	OTHE	R ¹³	UNKN	IOWN	TOTA	AL
Transmission Mode:	No.	%	No.	%	No.	%	No.	%	No.	%
Men Having Sex with Men (MSM) ²	3,988	79.0	2,525	46.7	233	51.9	4	66.7	6,750	61.9
Injecting Drug Use (IDU)	310	6.1	1,376	25.5	63	14.0	0	0.0	1,749	16.0
MSM/IDU	276	5.5	426	7.9	15	3.3	0	0.0	717	6.6
Heterosexual Contact:3										
Sex with IDU	38	0.8	156	2.9	11	2.4	0	0.0	205	1.9
Sex with Other at Risk	90	1.8	369	6.8	46	10.2	0	0.0	505	4.6
Transfusion Blood/ Products 4	90	1.8	61	1.1	6	1.3	0	0.0	157	1.4
Other:										
No Identified Risk (NIR)	54	1.1	127	2.4	16	3.6	1	16.7	198	1.8
Multi-Heterosexual Contact ⁵	32	0.6	108	2.0	25	5.6	1	16.7	166	1.5
Undetermined/Unknown ⁶	169	3.3	255	4.7	34	7.6	0	0.0	458	4.2
Sub-Total	5,047	100.0	5,403	100.0	449	100.0	6	100.0	10,905	100.0

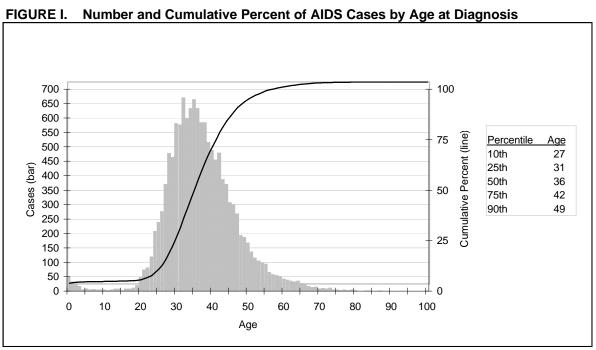
FEMALE	WHI	TE	BLA	CK	OTHE	ER ¹³	UNKNO	OWN	TOTA	AL
Transmission Mode:	No.	%	No.	%	No.	%	No.	%	No.	%
Injecting Drug Use (IDU)	132	28.6	494	30.3	19	20.4	0	0.0	645	29.5
Heterosexual Contact:3										
Sex with IDU	76	16.5	321	19.7	17	18.3	0	0.0	414	18.9
Sex with Other at Risk	138	29.9	507	31.1	32	34.4	0	0.0	677	31.0
Transfusion Blood/ Products 4	54	11.7	44	2.7	5	5.4	0	0.0	103	4.7
Other:										
No Identified Risk (NIR)	24	5.2	99	6.1	8	8.6	0	0.0	131	6.0
Multi-Heterosexual Contact ⁵	7	1.5	53	3.2	3	3.2	0	0.0	63	2.9
Undetermined/Unknown ⁶	30	6.5	113	6.9	9	9.7	0	0.0	152	7.0
Sub-Total	461	100.0	1,631	100.0	93	100.0	0	0.0	2,185	100.0
Hemophilia ¹⁴	85	1.5	15	0.2	1	0.2	0	0.0	101	0.8
Total	5,593	42.4	7,049	53.4	543	4.1	6	0.0	13,191	100.0

TABLE 23. AIDS Cases by Gender, Age at Diagnosis and Race/Ethnicity

MALE	WHI	TE	BLA	СК	OTHE	ER ¹³	UNKN	OWN	TOTA	۹L
Age at Diagnosis (Years)	No.	%	No.	%	No.	%	No.	%	No.	%
0-12	28	0.5	52	0.9	6	1.3	0	0.0	86	0.8
13-19	19	0.4	18	0.3	2	0.4	0	0.0	39	0.4
20-29	869	16.8	898	16.4	104	22.8	1	16.7	1,872	16.9
30-39	2,350	45.5	2,519	46.0	206	45.1	4	66.7	5,079	45.7
40-49	1,335	25.8	1,483	27.1	111	24.3	1	16.7	2,930	26.4
50 and Over	566	11.0	504	9.2	28	6.1	0	0.0	1,098	9.9
Sub-Total	5,167	100.0	5,474	100.0	457	100.0	6	100.0	11,104	100.0

FEMALE	WHI	TE	BLA	СК	ОТН	ER ¹³	UNKNO	OWN	TOT	AL
Age at Diagnosis (Years)	No.	%	No.	%	No.	%	No.	%	No.	%
0-12	22	4.5	59	3.5	4	4.1	0	0.0	85	3.7
13-19	3	0.6	21	1.2	2	2.0	0	0.0	26	1.1
20-29	110	22.7	350	20.7	25	25.5	0	0.0	485	21.3
30-39	187	38.6	737	43.5	45	45.9	0	0.0	969	42.6
40-49	95	19.6	397	23.4	18	18.4	0	0.0	510	22.4
50 and Over	68	14.0	129	7.6	4	4.1	0	0.0	201	8.8
Sub-Total	485	100.0	1,693	100.0	98	100.0	0	0.0	2,276	100.0
Total	5,652	42.2	7,167	53.6	555	4.1	6	0.0	13,380	100.0





Cases (bars in the graph) are the number of cases diagnosed at a particular age.

Cumulative percent (line in the graph) is the percent of cases by year added in succession.

Percentiles are the ages at which the cumulative percent of cases equals the reported levels.

TABLE 24. Pediatric HIV Cases by Transmission and Race/Ethnicity

	WHITE		BLACK		OTHER 13		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Hemophilia/Coagulation Disorder	7	19.4	5	5.4	0	0.0	12	8.8
Mother with or at Risk for HIV	21	58.3	85	91.4	8	100.0	114	83.2
Transfusion Blood/Products ⁴	7	19.4	2	2.2	0	0.0	9	6.6
Other ¹⁷	0	0.0	0	0.0	0	0.0	0	0.0
No Identified Risk (NIR)	1	2.8	1	1.1	0	0.0	2	1.5
Total	36	100.0	93	100.0	8	100.0	137	100.0

TABLE 25. Pediatric AIDS Cases by Transmission and Race/Ethnicity 7

	WHITE		BLACK		OTHER 13		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Hemophilia/Coagulation Disorder	12	20.3	5	4.2	0	0.0	17	9.0
Mother with or at Risk for HIV	32	54.2	107	90.7	11	91.7	150	79.4
Transfusion Blood/Products ⁴	14	23.7	4	3.4	1	8.3	19	10.1
Other ¹⁷	1	1.7	2	1.7	0	0.0	3	1.6
No Identified Risk (NIR)	0	0.0	0	0.0	0	0.0	0	0.0
Total	59	100.0	118	100.0	12	100.0	189	100.0

TABLE 26. AIDS Associated Diseases by Gender

(% represents the total percentage of cases within each gender reported with each condition. Individuals may be diagnosed with more than one disease; therefore, percentages will not equal 100.0)

androidie, percentages will not equal 100.0)	MALE		FEMA	ALE	TO	ΓAL
	No.	%	No.	%	No.	%
Immunologic ²⁰	3,963	35.7	1,036	45.5	4,999	37.4
Pneumocystis carinii pneumonia (PCP)	3,497	31.5	489	21.5	3,986	29.8
HIV Wasting	1,345	12.1	265	11.6	1,610	12.0
Candidiasis, esophageal	1,143	10.3	266	11.7	1,409	10.5
M. avium/M. kansasii	1,094	9.9	169	7.4	1,263	9.4
Kaposi's sarcoma (KS)	713	6.4	16	0.7	729	5.4
HIV encephalopathy	487	4.4	103	4.5	590	4.4
Cryptococcosis, extrapulmonary	498	4.5	69	3.0	567	4.2
Cytomegalovirus disease	479	4.3	76	3.3	555	4.1
Cytomegalovirus retinitis	471	4.2	60	2.6	531	4.0
Herpes simplex: chronic ulcer(s)	427	3.8	100	4.4	527	3.9
Toxoplasmosis of brain	390	3.5	63	2.8	453	3.4
Candidiasis, pulmonary	229	2.1	52	2.3	281	2.1
M. tuberculosis, pulmonary 20	215	1.9	35	1.5	250	1.9
Lymphoma, immunoblastic	188	1.7	21	0.9	209	1.6
Mycobacterium, other disseminated	156	1.4	32	1.4	188	1.4
Cryptosporidiosis, chronic intestinal	144	1.3	27	1.2	171	1.3
Pneumonia, recurrent ²⁰	147	1.3	12	0.5	159	1.2
M. tuberculosis, extrapulmonary	136	1.3	18	0.5	154	1.2
Progressive multifocal leukoencephalopathy	134	1.2	20	0.8	154	1.2
Lymphoma, primary in brain	95	0.9	9	0.4	104	0.8
Lymphoma, Burkitt's	52	0.5	7	0.3	59	0.4
Histoplasmosis	49	0.4	7	0.3	56	0.4
Salmonella septicemia, recurrent	28	0.3	5	0.2	33	0.2
Carcinoma, invasive cervical 20	0	0.0	21	0.9	21	0.2
Coccidioidomycosis	12	0.1	4	0.2	16	0.1
Isosporiasis, chronic intestinal bronchitis, pneumonitis or esophagitis	8	0.1	0	0.0	8	0.1

TABLE 27. HIV Cases by Locality and Year of Report ¹⁶

LOCALITY	1989 - 1998	1999	2000	2001	TOTAL
ACCOMACK CO.	76	3	6	1	86
ALBEMARLE CO.	21	5	1	7	34
ALEXANDRIA	611	55	60	21	747
ALLEGHANY CO.	1	0	0	0	1
AMELIA CO.	5	1	0	0	6
AMHERST CO.	21	1	0	0	22
APPOMATTOX CO.	7	0	1	0	8
ARLINGTON CO.	442	47	43	38	570
AUGUSTA CO.	39	0	0	0	39
BATH CO.	3	0	0	0	3
BEDFORD	9	0	0	0	9
BEDFORD CO.	11	1	1	3	16
BLAND CO.	1	0	0	0	1
BOTETOURT CO.	7	3	1	0	11
BRISTOL	10	2	0	0	12
BRUNSWICK CO.	43	5	3	3	54
BUCHANAN CO.	15	0	1	1	17
BUCKINGHAM CO.	46	3	2	2	53
BUENA VISTA	6	1	0	0	7
CAMPBELL CO.	34	2	2	5	43
CAROLINE CO.	22	3	4	0	29
CARROLL CO.	6	0	1	0	7
CHARLES CITY CO.	6	0	0	0	6
CHARLOTTE CO.	2	1	0	0	3
CHARLOTTESVILLE	86	9	5	8	108
CHESAPEAKE	243	27	32	21	323
CHESTERFIELD CO.	169	11	8	7	195
CLARKE CO.	8	0	0	0	8
CLIFTON FORGE	3	0	0	0	3
COLONIAL HEIGHTS	13	1	1	1	16
COVINGTON	6	1	0	0	7
CULPEPER CO.	16	1	5	1	23
CUMBERLAND CO.	7	1	0	0	8
DANVILLE	89	5	8	4	106
DICKENSON CO.	0	1	0	0	1
DINWIDDIE CO.	25	0	3	2	30
EMPORIA	15	4	0	0	19
ESSEX CO.	2	3	3	0	8
FAIRFAX	30	21	8	2	61
FAIRFAX CO.	791	75	55	47	968
FALLS CHURCH	23	3	2	0	28
FAUQUIER CO.	28	4	0	2	34
FLOYD CO.	3	1	0	0	4
FLUVANNA CO.	13	3	1	1	18
FRANKLIN	25	1	2	0	28
FRANKLIN CO.	12	1	2	0	15

TABLE 27. HIV Cases by Locality and Year of Report ¹⁶ (continued)

LOCALITY	1989 - 1998	1999	2000	2001	TOTAL
FREDERICK CO.	8	2	0	0	10
FREDERICKSBURG	49	3	2	0	54
GALAX	4	0	0	0	4
GILES CO.	2	0	1	1	4
GLOUCESTER CO.	26	2	1	1	30
GOOCHLAND CO.	54	2	4	4	64
GRAYSON CO.	1	0	1	0	2
GREENE CO.	1	0	1	2	4
GREENSVILLE CO.	57	7	5	2	71
HALIFAX CO.	51	4	1	1	57
HAMPTON	331	22	30	17	400
HANOVER CO.	40	3	1	1	45
HARRISONBURG	22	0	1	0	23
HENRICO CO.	267	36	25	12	340
HENRY CO.	19	2	3	0	24
HOPEWELL	27	8	9	1	45
ISLE OF WIGHT CO.	21	0	0	1	22
JAMES CITY CO.	4	1	1	2	8
KING AND QUEEN CO.	5	0	0	2	7
KING GEORGE CO.	8	2	0	0	10
KING WILLIAM CO.	6	1	1	0	8
LANCASTER CO.	16	0	1	1	18
LEE CO.	4	0	0	0	4
LEXINGTON	0	0	1	0	1
LOUDOUN CO.	62	7	6	0	75
LOUISA CO.	21	0	1	2	24
LUNENBURG CO.	21	1	2	2	26
LYNCHBURG	126	7	3	4	140
MADISON CO.	4	2	2	1	9
MANASSAS	108	8	10	0	126
MANASSAS PARK	7	1	0	0	8
MARTINSVILLE	19	3	4	0	26
MATHEWS CO.	3	0	1	0	4
MECKLENBURG CO.	46	5	4	3	58
MIDDLESEX CO.	6	0	0	0	6
MONTGOMERY CO.	23	1	0	0	24
NELSON CO.	11	0	1	0	12
NEW KENT CO.	8	0	1	0	9
NEWPORT NEWS	471	43	47	25	586
NORFOLK	1,639	91	108	42	1,880
NORTHAMPTON CO.	35	2	1	0	38
NORTHUMBERLAND CO.	9	2	3	0	14
NORTON	1	0	0	0	1
NOTTOWAY CO.	46	3	4	2	55
ORANGE CO.	17	2	2	2	23
PAGE CO.	10	1	0	0	11
PAGE CO.	10	1	0	0	11

TABLE 27. HIV Cases by Locality and Year of Report ¹⁶ (continued)

LOCALITY	1989 - 1998	1999	2000	2001	TOTAL
PATRICK CO.	4	1	0	0	5
PETERSBURG	205	24	11	11	251
PITTSYLVANIA CO.	25	2	1	3	31
POQUOSON	2	1	0	0	3
PORTSMOUTH	474	24	27	16	541
POWHATAN CO.	86	8	2	1	97
PRINCE EDWARD CO.	20	3	1	1	25
PRINCE GEORGE CO.	33	4	1	1	39
PRINCE WILLIAM CO.	198	19	33	13	263
PULASKI CO.	12	2	1	0	15
RADFORD	4	0	1	1	6
RAPPAHANNOCK CO.	1	0	0	0	1
RICHMOND	1,555	135	68	67	1,825
RICHMOND CO.	18	4	4	0	26
ROANOKE	372	19	15	8	414
ROANOKE CO.	13	1	6	1	21
ROCKBRIDGE CO.	5	1	1	0	7
ROCKINGHAM CO.	14	3	0	1	18
RUSSELL CO.	7	2	0	0	9
SALEM	16	1	1	0	18
SCOTT CO.	4	0	0	0	4
SHENANDOAH CO.	8	0	0	1	9
SMYTH CO.	19	0	1	1	21
SOUTHAMPTON CO.	16	2	0	0	18
SPOTSYLVANIA CO.	18	2	5	2	27
STAFFORD CO.	21	3	1	2	27
STAUNTON	34	1	1	1	37
SUFFOLK	124	6	6	9	145
SURRY CO.	5	0	0	0	5
SUSSEX CO.	20	4	4	1	29
TAZEWELL CO.	9	2	1	0	12
VIRGINIA BEACH	697	51	47	19	814
WARREN CO.	15	0	0	1	16
WASHINGTON CO.	5	1	1	0	7
WAYNESBORO	17	1	0	1	19
WESTMORELAND CO.	12	1	1	0	14
WILLIAMSBURG	64	2	2	0	68
WINCHESTER	46	3	0	2	51
WISE CO.	11	3	1	1	16
WYTHE CO.	8	0	3	1	12
YORK CO.	27	1	2	2	32
TOTAL	11,011	917	799	476	13,203

TABLE 28. AIDS Cases by Locality and Year of Report ¹⁶

						DEATHS*	
LOCALITY	1982 - 1998	1999	2000	2001	TOTAL	No.	% Dead
ACCOMACK CO.	64	10	5	0	79	38	48.1
ALBEMARLE CO.	42	1	0	7	50	25	50.0
ALEXANDRIA	724	50	56	36	866	445	51.4
ALLEGHANY CO.	6	0	0	0	6	3	50.0
AMELIA CO.	15	0	0	0	15	9	60.0
AMHERST CO.	16	0	3	0	19	8	42.1
APPOMATTOX CO.	16	2	0	1	19	10	52.6
ARLINGTON CO.	941	64	82	46	1,133	671	59.2
AUGUSTA CO.	30	1	1	2	34	16	47.1
BATH CO.	3	0	0	0	3	*	*
BEDFORD	4	0	0	0	4	*	*
BEDFORD CO.	20	1	1	3	25	15	60.0
BLAND CO.	3	1	0	0	4	*	*
BOTETOURT CO.	13	2	0	1	16	11	68.8
BRISTOL	11	2	0	0	13	6	46.2
BRUNSWICK CO.	35	2	4	0	41	22	53.7
BUCHANAN CO.	12	0	0	0	12	6	50.0
BUCKINGHAM CO.	47	8	3	4	62	22	35.5
BUENA VISTA	4	1	1	0	6	6	100.0
CAMPBELL CO.	29	4	6	2	41	23	56.1
CAROLINE CO.	20	1	4	0	25	13	52.0
CARROLL CO.	6	0	0	0	6	5	83.3
CHARLES CITY CO.	4	1	0	1	6	3	50.0
CHARLOTTE CO.	10	0	1	0	11	6	54.5
CHARLOTTESVILLE	121	7	5	8	141	66	46.8
CHESAPEAKE	234	18	26	5	283	149	52.7
CHESTERFIELD CO.	164	17	16	4	201	92	45.8
CLARKE CO.	10	1	0	0	11	6	54.5
CLIFTON FORGE	3	2	1	0	6	*	*
COLONIAL HEIGHTS	17	0	0	0	17	7	41.2
COVINGTON	7	1	2	1	11	5	45.5
CULPEPER CO.	44	1	2	4	51	23	45.1
CUMBERLAND CO.	6	1	0	0	7	5	71.4
DANVILLE	91	4	5	7	107	66	61.7
DICKENSON CO.	2	0	0	0	2	*	*
DINWIDDIE CO.	19	1	1	2	23	11	47.8
EMPORIA	12	1	1	0	14	7	50.0
ESSEX CO.	3	1	0	0	4	3	75.0
FAIRFAX	32	18	3	1	54	21	38.9
FAIRFAX CO.	1,129	80	91	46	1,346	740	55.0
FALLS CHURCH	33	7	5	2	47	25	53.2
FAUQUIER CO.	33	1	3	2	39	26	66.7
FLOYD CO.	4	0	0	0	4	4	100.0
FLUVANNA CO.	15	4	4	1	24	7	29.2
FRANKLIN	19	2	2	0	23	13	56.5
FRANKLIN CO.	13	0	2	0	15	5	33.3

TABLE 28. AIDS Cases by Locality and Year of Report ¹⁶ (continued)

	DE						ATHS*
LOCALITY	1982 - 1998	1999	2000	2001	TOTAL	No.	% Dead
FREDERICK CO.	24	2	2	2	30	17	56.7
FREDERICKSBURG	62	9	2	3	76	43	56.6
GALAX	5	0	0	0	5	*	*
GILES CO.	7	0	0	1	8	5	62.5
GLOUCESTER CO.	27	2	3	1	33	19	57.6
GOOCHLAND CO.	33	0	10	2	45	21	46.7
GRAYSON CO.	5	0	0	0	5	4	80.0
GREENE CO.	3	0	0	0	3	*	*
GREENSVILLE CO.	38	8	4	1	51	25	49.0
HALIFAX CO.	61	3	5	2	71	43	60.6
HAMPTON	249	24	26	15	314	165	52.5
HANOVER CO.	46	4	5	0	55	32	58.2
HARRISONBURG	24	0	3	1	28	9	32.1
HENRICO CO.	315	19	13	10	357	202	56.6
HENRY CO.	33	4	3	2	42	19	45.2
HOPEWELL	41	7	5	1	54	28	51.9
ISLE OF WIGHT CO.	24	3	2	0	29	13	44.8
JAMES CITY CO.	13	0	2	0	15	11	73.3
KING AND QUEEN CO.	5	0	1	1	7	3	42.9
KING GEORGE CO.	12	0	0	0	12	5	41.7
KING WILLIAM CO.	5	2	1	0	8	5	62.5
LANCASTER CO.	14	0	0	0	14	11	78.6
LEE CO.	7	0	1	0	8	*	*
LEXINGTON	5	0	2	0	7	*	*
LOUDOUN CO.	72	6	5	5	88	51	58.0
LOUISA CO.	26	3	1	2	32	17	53.1
LUNENBURG CO.	27	4	5	1	37	18	48.6
LYNCHBURG	120	5	20	6	151	75	49.7
MADISON CO.	6	0	0	1	7	75 5	71.4
MANASSAS	63	6	5	2	76	32	42.1
MANASSAS PARK				1	2	3∠ *	4∠. i *
	1	0	0	=			74.0
MARTINSVILLE	28	3	1	0	32	23	71.9
MATHEWS CO.	7	0	1	0	8	5	62.5
MECKLENBURG CO.	54	7	3	2	66	34	51.5
MIDDLESEX CO.	6	0	1	0	7		50.0
MONTGOMERY CO.	34	1	1	0	36	21	58.3
NELSON CO.	8	0	0	1	9	5	55.6
NEW KENT CO.	11	3	0	1	15	5	33.3
NEWPORT NEWS	339	44	40	13	436	225	51.6
NORFOLK	1,209	80	92	63	1,444	698	48.3
NORTHAMPTON CO.	24	1	4	1	30	14	46.7
NORTHUMBERLAND CO.		0	1	0	11	8	72.7
NORTON	1	0	0	0	1	*	*
NOTTOWAY CO.	48	6	0	1	55	29	52.7
ORANGE CO.	19	2	2	3	26	11	42.3
PAGE CO.	12	1	0	0	13	10	76.9

TABLE 28. AIDS Cases by Locality and Year of Report ¹⁶ (continued)

^{*} AIDS deaths are added to this list when they equal or exceed 3.16

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TABLE 29. Total AIDS Cases and Annual Rates per 100,000 by Metropolitan Area Ranked by Rates

	•	January 2000 -		Cu	Cumulative			
		December	r 2000	Adult/				
US CIT	IES	Cases	Rate	Adolescents	Pediatric	Total		
1.	Miami, FL	5,930	58.0	23,672	479	24,151		
2.	New York, NY	1,269	56.6	118,226	2,008	120,234		
3.	Fort Lauderdale, FL	874	53.0	12,700	245	12,945		
4.	West Palm Beach, FL	886	48.2	7,474	205	7,679		
5.	San Juan, PR	530	44.4	15,431	242	15,673		
6.	San Francisco, CA	239	44.2	27,825	45	27,870		
7.	Newark, NJ	787	39.4	16,792	325	17,117		
8.	Baltimore, MD	205	38.1	14,306	208	14,514		
9.	Jersey City, NJ	894	37.9	6,483	120	6,603		
10.	Washington, DC	1,698	31.5	22,904	289	23,193		
11.	Wilmington, DE	203	29.7	2,041	15	2,056		
12.	Columbia, SC	623	29.1	2,024	16	2,040		
13.	Memphis, TN	1,393	28.8	3,164	18	3,182		
14.	Nashville, TN	158	27.6	2,736	17	2,753		
15.	Philadelphia, PA	353	27.2	18,864	274	19,138		
30.	Norfolk, VA	356	18.1	3,742	63	3,805		
32.	Richmond, VA	178	17.3	2,595	25	2,620		

^{*} Metropolitan Statistical Areas with populations greater than 500,000.

Source: CDC HIV/AIDS Surveillance Report, Vol. 12, No.2. Data through December 2000.

TABLE 30. Total AIDS Cases and Annual Rates per 100,000 by State of Residence Ranked by Rates

		January 2000 -		Cumulative				
		Decembe	December 2000					
	STATE	Cases	Rate	Adolescents	Pediatric	Total		
1.	District of Columbia	875	153.0	12,931	171	13,102		
2.	Puerto Rico	1,349	35.4	24,495	388	24,883		
3.	New York	6,204	32.7	139,922	2,242	142,164		
4.	Florida	4,976	31.1	79,014	1,402	80,416		
5.	Delaware	221	28.2	2,558	22	2,580		
6.	U.S. Virgin Islands	34	28.1	466	17	483		
7.	Maryland	1,465	27.7	21,390	301	21,691		
8.	New Jersey	1,929	22.9	41,392	751	42,143		
9.	South Carolina	810	20.2	9,448	79	9,527		
10.	Massachusetts	1,197	18.9	16,068	206	16,274		
11.	Connecticut	620	18.2	11,395	176	11,571		
12.	Louisiana	679	15.2	12,520	125	12,645		
13.	Mississippi	431	15.2	4,411	55	4,466		
14.	Tennessee	863	15.2	8,538	52	8,590		
15.	Georgia	1,237	15.1	22,626	211	22,837		
:	•							
21.	Virginia	891	12.6	12,919	169	13,088		
Total		42,156	14.7	765,559	8,908	774,467		

^{*} National statistics reported for Virginia vary slightly from state statistics because report periods differ.

Source: CDC HIV/AIDS Surveillance Report, Vol. 12, No.2. Data through December 2000.

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TABLE 31. United States AIDS Cumulative Summary, Through December 2000

GENDER	Number of Cases	Percent (%) of Cases
Male	640,022	82.6
Female	134,441	17.4
Total*	774,467	100.0
RACE		
White	331,160	42.8
Black	292,522	37.8
Hispanic	141,694	18.3
Asian/Pacific Islander	5,728	0.7
American Indian/ Alaskan Native	2,337	0.3
Unknown	1,026	0.1
Total	774,467	100.0
AGE		
0-12	8,908	1.2
13-19	4,061	0.5
20-29	128,726	16.6
30-39	345,822	44.7
40-49	202,901	26.2
50 and Over	84,044	10.9
Total*	774,467	100.0
MODE OF TRANSMISSION		
Men Having Sex with Men (MSM)	355,409	45.9
Injecting Drug Users (IDU)	193,527	25.0
MSM & IDU	48,989	6.3
Hemophilia	5,190	0.7
Heterosexual Contact	81,981	10.6
Transfusion/Blood Products ⁴	8,777	1.1
No Identified Risk (NIR)	71,686	9.3
Adult/Adolescent Sub-Total	765,559	98.8
Pediatric	8,908	1.2
Total	774,467	100.0

^{*} Total for Gender includes four unknowns. Total for Age includes five unknowns.

Source: CDC HIV/AIDS Surveillance Report, Vol. 12, No.2. Data through December 2000.

TABLE 32. United States AIDS Cases, Deaths, and Case Fatality Rates Through December 2000

	CASES	DEATHS	CASE-FATALITY RATE
Pediatric	8,908	5,178	58.1
Adult/Adolescent	765,559	442,882	57.9
Total	774,467	448,060	57.9

Source: CDC HIV/AIDS Surveillance Report, Vol. 12, No.2. Data through December 2000.

TABLE 33. HIV Testing for Jan. - Mar. 2001, Division of Consolidated Laboratory Services ²¹

	Confidential			Anonymous			Total		
GENDER	Tested	Positive	% Pos.	Tested	Positive	% Pos.	Tested	Positive	% Pos.
Male	5,550	79	1.4	526	6	1.1	6,076	85	1.4
Female	13,470	46	0.3	407	5	1.2	13,877	51	0.4
Total*	19,020	125	0.7	933	11	1.2	19,954	136	0.7
RACE									
White	7,683	24	0.3	641	4	0.6	8,324	28	0.3
Black	8,354	94	1.1	206	4	1.9	8,560	98	1.1
Hispanic	2,515	6	0.2	42	2	4.8	2,557	8	0.3
Asian/Pacific Islander	249	0	0.0	29	1	3.4	278	1	0.4
American Indian/Alaskan Native	56	0	0.0	5	0	0.0	61	0	0.0
Other	164	1	0.6	10	0	0.0	174	1	0.6
Total	19,021	125	0.7	933	11	1.2	19,954	136	0.7
AGE									
0-12	44	0	0.0	4	0	0.0	48	0	0.0
13-19	3,821	4	0.1	32	1	3.1	3,853	5	0.1
20-29	8,845	32	0.4	413	3	0.7	9,258	35	0.4
30-39	3,821	42	1.1	239	4	1.7	4,060	46	1.1
40-49	1,737	35	2.0	154	1	0.6	1,891	36	1.9
50 and Over	753	12	1.6	91	2	2.2	844	14	1.7
Total	19,021	125	0.7	933	11	1.2	19,954	136	0.7
RISK OF TRANSMISSION									
Men Having Sex with Men (MSM)	360	27	7.5	158	4	2.5	518	31	6.0
MSM/Injecting Drug Use (IDU)	10	1	10.0	2	0	0.0	12	1	8.3
MSM/Transfusion	8	0	0.0	3	1	0.0	11	1	9.1
IDU	271	12	4.4	10	0	0.0	281	12	4.3
Transfusion	100	1	1.0	2	1	50.0	102	2	2.0
Perinatal	6	2	33.3	2	0	0.0	8	2	25.0
Hemophilia	14	0	0.0	0	0	0.0	14	0	0.0
Heterosexual Contact	750	13	1.7	48	2	4.2	798	15	1.9
Multiple Heterosexual Contacts	8,865	39	0.4	498	3	0.6	9,363	42	0.4
Undetermined/Unknown	8,637	30	0.3	210	0	0.0	8,847	30	0.3
Total	19,021	125	0.7	933	11	1.2	19,954	136	0.7

^{*}Total for Gender includes one unknown.

Table 34. HIV Counseling and Testing, Jan. - Mar. 2001
Division of Consolidated Laboratory Services ²¹

Persons Tested for		onfidentia Positivo			nonymo	us % Positive	Tostad	Total	% Positive
Volunteers	18,708	110	0.6	922	9	1.0	19,630	119	0.6
Referrals	,						,		
by Partner	27	1	3.7	2	0	0.0	29	1	3.4
by Provider	127	8	6.3	6	1	16.7	133	9	6.8
by Other	159	6	3.8	3	1	33.3	162	7	4.3
Total	19,021	125	0.7	933	11	1.2	19,954	136	0.7
Post-Test Counseli	 ng	No.	%		No.	%		No.	%
Positive Post-Test	Counseled	56	44.8		9	81.8		65	47.8
Negative Post-Tes	t Counseled	5,851	31.0		643	69.7		6,494	32.8
Total Persons Post-Test Counseled	<u></u>	5,907	31.1		652	69.9		6,559	32.9

TABLE 35. Comparison of HIV Testing in Virginia

Division of Consolidated Laboratory Services ²¹

		1999			2000			Jan Mar. 2001		
	Tested I	Positive	% Positive	Tested I	Positive	% Positive	Tested F	Positive	% Positive	
Confidential	70,064	373	0.5	71,685	373	0.5	19,021	125	0.7	
Anonymous	4,448	64	1.4	3,893	59	1.5	933	11	1.2	
Total	74,512	437	0.6	75,578	432	0.6	19,954	136	0.7	

TABLE 36. Comparison of Sexually Transmitted Diseases in Virginia 11

		1999		2000		Jun. 2001
		Rate per		Rate per		Rate per
	Cases	100,000	Cases	100,000	Cases	100,000
Syphilis						_
Primary/Secondary	152	2.23	126	1.80	60	1.70
Early Latent	212	3.11	140	2.00	81	2.29
Congenital	4	4.20	6	6.30	1	2.10
Gonorrhea	9,298	136.18	10,166	145.39	4,601	130.00
Chlamydial Infection	13,420	196.56	15,364	219.74	8,745	247.09

TABLE 37. Selected Sexually Transmitted Diseases by Locality

	January - June, 2000								
		Syphilis		Chlamydia	Gonorrhea				
	Primary &	Early	Total ¹⁸						
Locality	Secondary	Latent							
Accomack	0	0	3	75	49				
Albemarle	0	0	0	17	1				
Alexandria	2	0	8	188	71				
Alleghany	0	0	0	3	0				
Amelia	0	0	0	14	3				
Amherst	0	0	0	35	24				
Appomattox	0	0	0	17	11				
Arlington	3	2	14	132	55				
Augusta	0	0	0	12	2				
Bath	0	0	0	2	1				
Bedford City	0	0	0	15	7				
Bedford Cnty	0	0	0	9	3				
Bland	0	0	0	2	0				
Botetourt	0	0	0	11	2				
Bristol	0	0	0	22	3				
Brunswick	0	0	0	28	15				
Buchanan	0	0	0	5	1				
Buckingham	0	0	0	23	4				
Buena Vista	0	0	0	11	0				
Campbell	0	0	0	44	20				
Caroline	0	0	0	22	7				
Carroll	0	0	0	4	0				
Charles City	0	0	1	23	11				
Charlotte	0	0	0	20	0				
Charlottesville	1	0	2	146	27				
Chesapeake	1	2	12	229	140				
Chesterfield	0	1	2	114	66				
Clarke	0	0	0	1	0				

January - June, 2001								
	Syphilis		Chlamydia	Gonorrhea				
Primary &	Early	Total ¹⁸						
Secondary	Latent							
0	0	1	84	13				
0	0	0	10	2				
1	3	14	213	42				
0	0	0	1	1				
0	0	0	7	2				
0	0	1	38	16				
0	0	1	22	14				
6	0	18	143	50				
0	0	0	20	7				
0	0	0	8	0				
0	0	0	30	10				
0	0	0	15	5				
0	0	0	0	0				
0	0	0	10	1				
0	0	0	33	4				
0	0	1	29	25				
0	0	0	4	0				
0	0	0	13	6				
0	0	0	3	0				
0	0	1	38	23				
0	0	1	28	2				
0	0	0	21	0				
0	0	1	15	6				
0	0	0	18	4				
0	1	1	154	24				
3	2	8	292	141				
0	0	2	153	54				
0	0	0	7	0				

TABLE 37. Selected Sexually Transmitted Diseases by Locality

		January - June, 2000									
		Syphilis		Chlamydia	Gonorrhea						
	Primary &	Early									
Locality	Secondary	Latent	Total 18								
Clifton Forge	0	0	0	4	1						
Colonial Heights	0	0	0	8	5						
Covington	0	0	1	7	0						
Craig	0	0	0	2	0						
Culpeper	0	0	0	46	14						
Cumberland	0	0	0	7	3						
Danville	23	26	50	208	126						
Dickenson	0	0	0	4	0						
Dinwiddie	0	0	0	11	5						
Emporia	0	0	0	19	7						
Essex	0	0	0	27	19						
Fairfax City	1	0	2	61	20						
Fairfax Cnty	1	3	10	267	67						
Falls Church	0	0	3	33	3						
Fauquier	0	0	0	16	12						
Floyd	0	0	0	3	1						
Fluvanna	0	0	3	31	5						
Franklin City	0	0	1	45	36						
Franklin Cnty	0	0	0	30	1						
Frederick	0	0	0	6	0						
Fredericksburg	0	0	0	105	34						
Galax	0	0	0	5	1						
Giles	0	0	0	7	5						
Gloucester	0	0	0	12	5						
Goochland	0	0	3	5	8						
Grayson	0	0	0	1	1						
Greene	0	0	0	6	4						
Greensville	0	0	0	2	5						

	January - June, 2001										
	Syphilis		Chlamydia	Gonorrhea							
Primary &	Early										
Secondary	Latent	Total 18									
0	0	1	2	2							
0	0	0	30	10							
0	0	0	12	1							
0	0	0	2	0							
0	0	1	53	18							
0	0	0	5	0							
7	9	20	244	96							
0	0	0	8	0							
0	0	1	19	3							
0	1	1	39	15							
0	0	0	24	13							
0	0	0	75	6							
1	0	16	283	77							
0	0	2	44	4							
0	0	0	39	7							
0	0	0	1	0							
0	0	0	18	2							
0	0	0	49	13							
0	0	0	27	12							
0	0	0	16	2							
1	0	2	126	11							
0	0	0	7	1							
0	0	0	8	0							
0	0	0	29	3							
1	1	3	13	2							
0	0	0	3	0							
0	0	0	8	0							
0	0	0	2	1							

TABLE 37. Selected Sexually Transmitted Diseases by Locality

		Janu	ary - June,	2000	
		Syphilis		Chlamydia	Gonorrhea
	Primary &	Early			
Locality	Secondary	Latent	Total 18		
Halifax	1	0	2	49	23
Hampton	0	1	4	286	238
Hanover	0	0	0	31	18
Harrisonburg	0	0	1	61	12
Henrico	1	2	4	162	127
Henry	0	0	1	28	25
Highland	0	0	0	0	0
Hopewell	0	2	4	37	28
Isle of Wight	0	0	0	41	14
James City	0	0	0	2	7
King and Queen	0	0	0	16	7
King George	0	0	0	25	8
King William	0	0	0	12	6
Lancaster	0	0	0	26	8
Lee	0	0	0	1	0
Lexington	0	0	0	7	1
Loudoun	0	0	0	59	12
Louisa	0	0	0	21	2
Lunenburg	0	0	0	17	1
Lynchburg	0	0	0	161	92
Madison	0	0	0	3	0
Manassas	0	1	5	51	25
Manassas Park	0	0	0	0	0
Martinsville	0	1	1	55	53
Mathews	0	0	0	2	0
Mecklenburg	1	3	6	44	14
Middlesex	0	0	0	3	5
Montgomery	0	0	0	27	6

		ary - June,						
D: 0	Syphilis		Chlamydia	Gonorrhea				
Primary &	Early	40						
Secondary	Latent	Total 18						
0	1	1	43	19				
0	1	9	341	197				
0	0	0	31	7				
1	1	4	42	8				
0	4	6	168	109				
0	4	4	48	33				
0	0	0	0	0				
0	0	0	41	23				
0	0	1	55	19				
0	0	0	4	3				
0	0	0	13	6				
0	0	1	33	8				
0	0	0	12	1				
0	0	0	25	6				
0	0	0	5	0				
0	1	1	8	3				
0	0	2	96	29				
0	0	0	18	3				
0	0	0	23	7				
0	0	3	165	106				
0	0	0	7	6				
0	0	3	56	12				
0	0	0	3	1				
0	1	1	74	39				
0	1	1	0	0				
0	0	0	58	34				
0	0	0	12	0				
0	0	0	16	2				

 TABLE 37.
 Selected Sexually Transmitted Diseases by Locality

		Janu	ary - June,	2000	
		Syphilis	•	Chlamydia	Gonorrhea
	Primary &	Early			
Locality	Secondary	Latent	Total 18		
Nelson	0	0	1	23	3
New Kent	0	1	2	11	6
Newport News	2	1	6	433	429
Norfolk	18	13	40	529	705
Northampton	0	0	0	32	17
Northumberland	0	0	0	25	7
Norton	0	0	0	0	0
Nottoway	0	0	0	29	9
Orange	0	0	0	34	13
Page	0	0	0	14	2
Patrick	0	0	0	5	0
Petersburg	0	1	4	103	111
Pittsylvania	1	2	4	48	25
Poquoson	0	0	0	1	0
Portsmouth	0	3	6	201	226
Powhatan	0	0	0	5	3
Prince Edward	0	0	0	39	9
Prince George	0	0	0	99	28
Prince William	2	0	4	204	76
Pulaski	0	0	0	9	2
Radford	0	0	0	7	0
Rappahannock	0	0	0	5	0
Richmond City	1	11	21	1,253	982
Richmond Cnty	0	0	0	34	7
Roanoke City	3	1	7	238	182
Roanoke Cnty	0	0	0	22	7
Rockbridge	0	0	0	5	1
Rockingham	0	0	1	27	2

January - June, 2001										
	Syphilis		Chlamydia	Gonorrhea						
Primary &	Early									
Secondary	Latent	Total 18								
0	0	0	14	2						
0	0	0	7	3						
3	1	10	491	431						
22	15	49	630	601						
0	0	1	40	5						
0	0	0	28	5						
0	0	0	2	0						
0	0	1	31	8						
0	0	0	28	0						
0	0	0	10	0						
0	0	0	8	2						
0	2	3	207	183						
1	3	4	75	27						
0	0	0	3	1						
0	2	4	208	221						
1	1	3	3	2						
0	0	0	39	11						
0	0	0	91	32						
0	0	3	274	79						
0	0	0	21	2						
0	0	0	27	1						
0	0	0	7	0						
8	22	39	914	866						
0	0	0	13	10						
0	0	4	319	184						
0	0	0	17	4						
0	0	0	5	3						
0	0	0	25	2						

TABLE 37. Selected Sexually Transmitted Diseases by Locality

		Janu	ary - June,	2000	
		Syphilis	•	Chlamydia	Gonorrhea
	Primary &	Early			
Locality	Secondary	Latent	Total 18		
Russell	0	0	0	7	0
Salem	0	0	0	16	14
Scott	0	0	0	7	0
Shenandoah	1	1	2	10	1
Smyth	0	0	0	20	6
Southampton	0	0	2	26	13
Spotsylvania	0	0	0	47	12
Stafford	0	0	1	49	8
Staunton	0	0	2	44	13
Suffolk	2	0	11	162	102
Surry	0	0	0	15	7
Sussex	0	0	0	10	5
Tazewell	0	0	0	8	3
Virginia Beach	4	5	21	322	199
Warren	0	0	0	21	2
Washington	0	0	0	2	2
Waynesboro	0	0	0	33	5
Westmoreland	0	0	0	35	16
Williamsburg	0	0	0	40	27
Winchester	0	0	0	51	10
Wise	0	1	1	12	3
Wythe	0	0	0	5	0
York	0	0	0	13	4
TOTAL	69	84	279	7,819	4,947

	Janu	ıary - June,		
	Syphilis		Chlamydia	Gonorrhea
Primary &	Early			
Secondary	Latent	Total 18		
0	0	0	4	0
0	0	0	18	7
0	0	0	8	1
1	0	1	11	0
0	0	0	21	2
0	0	0	46	17
0	0	1	52	8
0	0	1	52	8
0	0	0	52	17
0	1	4	180	160
0	0	0	17	1
0	0	0	18	7
0	0	0	9	0
2	2	23	425	193
0	0	0	30	3
0	0	0	2	2
0	0	1	73	11
0	0	0	35	10
0	1	1	31	29
0	0	0	88	4
0	0	0	17	0
1	0	1	13	2
0	0	0	19	2
60	81	288	8,750	4,601

Table 38. Sexually Transmitted Diseases by Age, Race and Gender for January through June 2001

			•	•							
PRIMARY &	SECON	IDARY S	YPHILIS	6							
	WH	IITE	BLA	ACK	TO	HER	UNKN	IOWN	TO	TAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL 19
0-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	1	0	0	0	0	0	1	1
20-24	1	2	2	2	1	0	0	0	4	4	8
25-29	0	0	3	3	0	0	0	0	3	3	6
30-34	1	0	3	2	0	1	0	0	4	3	7
35-39	1	0	9	8	0	0	0	0	10	8	18
40-44	1	0	3	3	0	0	1	0	5	3	8
45-54	1	0	5	2	0	0	1	0	7	2	9
55-64	0	0	1	0	0	0	0	0	1	0	1
65-98	1	0	1	0	0	0	0	0	2	0	2
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0
TOTAL	6	2	27	21	1	1	2	0	36	24	60

EARLY LATENT SYPHILIS

	WH	IITE	BLA	ACK	01	HER	UNKN	IOWN	TO	TAL	
	Male	Female	TOTAL 19								
0-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	1	0	4	0	0	0	0	0	5	5
20-24	0	0	2	7	0	0	0	0	2	7	9
25-29	0	1	6	3	0	0	0	0	6	4	10
30-34	0	2	3	6	0	0	0	0	3	8	12
35-39	1	0	9	10	1	0	0	0	11	10	21
40-44	1	1	6	2	0	0	0	0	7	3	10
45-54	0	0	8	2	1	0	0	0	9	2	11
55-64	0	0	1	0	0	0	0	0	1	0	1
65-98	1	0	1	0	0	0	0	0	2	0	2
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3	5	36	34	2	0	0	0	41	39	81

TOTAL EAR	RLY SYP	HILIS									
	WH	IITE	BLA	ACK	01	HER	UNKN	IOWN	TO	TAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL 19
0-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	1	0	5	0	0	0	0	0	6	6
20-24	1	2	4	9	1	0	0	0	6	11	17
25-29	0	1	9	6	0	0	0	0	9	7	16
30-34	1	2	6	8	0	1	0	0	7	11	19
35-39	2	0	18	18	1	0	0	0	21	18	39
40-44	2	1	9	5	0	0	1	0	12	6	18
45-54	1	0	13	4	1	0	1	0	16	4	20
55-64	0	0	2	0	0	0	0	0	2	0	2
65-98	2	0	2	0	0	0	0	0	4	0	4
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0
TOTAL	9	7	63	55	3	1	2	0	77	63	141

Table 38. Sexually Transmitted Diseases by Age, Race and Gender for January through June 2001

TOTAL SYP	PHILIS "										
	WH	IITE	BLA	ACK	TO	THER	UNKN	IOWN	TO	TAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL 19
0-4	0	0	0	1	0	0	0	0	0	1	1
5-9	0	1	0	0	0	0	0	0	0	1	1
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	1	1	7	0	1	0	0	1	9	10
20-24	1	5	6	9	2	1	0	0	9	15	24
25-29	0	2	10	13	0	1	1	2	11	18	30
30-34	1	4	10	15	4	3	0	0	15	22	37
35-39	4	2	26	25	1	1	1	0	32	28	60
40-44	4	2	14	10	6	0	2	1	26	13	39
45-54	3	0	21	11	6	1	2	0	32	12	44
55-64	2	1	11	2	1	1	1	0	15	4	19
65-98	2	0	7	13	1	0	0	0	10	13	23
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0
TOTAL	17	18	106	106	21	9	7	3	151	136	288

GON	ORR	HEA
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	WH	IITE	BLA	ACK	01	THER	UNKN	IOWN	TO	TAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL 19
0-4	1	0	4	0	0	0	2	1	7	1	8
5-9	0	0	0	1	0	0	0	1	0	2	2
10-14	1	9	10	32	0	2	3	6	14	49	64
15-19	17	119	417	614	8	14	34	77	476	824	1,301
20-24	39	97	639	576	13	15	51	66	742	754	1,499
25-29	30	34	347	197	13	7	25	17	415	255	671
30-34	21	16	197	111	5	2	31	17	254	146	403
35-39	18	8	139	64	1	1	18	7	176	80	256
40-44	13	10	117	30	2	0	13	3	145	43	188
45-54	9	3	84	14	2	1	8	1	103	19	124
55-64	2	0	24	4	2	0	4	0	32	4	36
65-98	0	0	5	1	0	0	0	0	5	1	6
UNKNOWN	0	1	8	10	1	2	9	10	18	23	43
TOTAL	151	297	1,991	1,654	47	44	198	206	2,387	2,201	4,601

CHLAMYDIA

	WH	IITE	BLA	ACK	01	THER	UNKN	IOWN	TO	TAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL 19
0-4	1	5	4	9	0	0	2	3	7	17	24
5-9	0	0	1	1	0	0	0	0	1	1	2
10-14	1	42	1	128	0	3	1	14	3	187	190
15-19	71	802	255	1,881	25	137	42	296	393	3,116	3,509
20-24	100	626	391	1,489	38	232	63	243	592	2,590	3,182
25-29	47	175	169	436	21	90	24	91	261	792	1,053
30-34	18	59	73	163	6	43	18	48	115	313	428
35-39	5	25	36	84	5	13	8	11	54	133	187
40-44	6	11	15	29	1	8	7	12	29	60	89
45-54	3	6	11	10	0	1	2	2	16	19	35
55-64	1	0	3	0	0	0	0	1	4	1	5
65-98	0	0	1	1	0	0	0	0	1	1	2
UNKNOWN	1	7	2	6	3	5	3	12	9	30	39
TOTAL	254	1,758	962	4,237	99	532	170	733	1,485	7,260	8,745

Twenty Years of AIDS in the United States, the World, and Virginia

AIDS continues to have a tragic impact, not only on those who have died or are living with HIV infection, but also on the many friends, families and entire communities that have been forever changed by the epidemic. — CDC Director Jeffrey P. Koplan, M.D., M.P.H¹

Fighting the Devastation of HIV/AIDS Worldwide²

Since AIDS was first documented in the 1980s, HIV has claimed the lives of more than 21 million people worldwide. Today it is the leading cause of death in Africa and the fourth-leading cause of death globally.

In Sub-Saharan Africa, more than 25 million people are currently living with HIV. As young adults perish from the disease, children are orphaned, social support systems fail and countries' gross domestic products decline. In Zambia, for example, access to education has been affected as schools cannot train teachers fast enough to replace those who have died of AIDS. In Asia, the epidemic is beginning to spread with 3.5 million people infected as of 1998 in India alone. In Eastern Europe, Russia reported 10,000 cases of HIV in 1999; in 2001 there are an estimated 70,000.

Despite these trends, prevention efforts — including access to counseling and testing, promoting the use of condoms and clean syringes, availability of drugs to reduce opportunistic infections and mother-to-child transmission, and testing the blood supply — are slowing the epidemic in several countries. In Uganda, the HIV prevalence rate has fallen from 14% in the early 1990s to 8% in 2000 due to strong government-support of HIV-prevention programs. In Thailand, HIV prevalence decreased in military recruits and

women attending antenatal clinics after a 100% condom use campaign was introduced for commercial sex.

But barriers remain in combating the HIV/AIDS pandemic. HIV is stigmatized in many cultures, preventing individuals from seeking care, and political leaders from advocating for prevention and treatment programs. The antiretroviral drugs, which have slowed the death toll in wealthier countries, have been greatly reduced in price, but the infrastructure needed to deliver treatment is inadequate and needs strengthening.

As HIV continues to spread around the world, the international community — governments, national and international organizations and foundations — has realized the impact of the pandemic and the need for increased assistance. For example, the United States alone spent nearly \$458 million to support AIDS prevention programs in affected countries in fiscal year 2001. In 1999, the Centers for Disease Control and Prevention (CDC) started the Global AIDS Program (GAP) to help developing countries. GAP goals for these countries include a) reducing the spread of HIV by preventing sexual, mother-to-child, and blood-borne transmission; b) improving community and homebased care and treatment of patients with HIV and related infections; c) strengthening the capacity to collect and use surveillance data; and d) managing national HIV/AIDS

programs. GAP programs are under way in 16 countries in Africa and Asia, and programs are in the planning stages for another eight countries as GAP expands in Asia, and to Latin America and the Caribbean.

Dr. Helene Gayle, Director of the National Center for HIV, STD, and TB Prevention, wrote in her June 2001 commentary recognizing *Twenty years of AIDS*, "History has demonstrated that prevention saves lives, but the fight is far from over. On this twentieth anniversary of the first cases of AIDS in {the U.S.}, but us remember those lost by recommitting to all those who can be saved."

Two decades of HIV/AIDS in the United States⁴

June 2001 marks twenty years since the first cases of AIDS were reported to CDC. Since 1981, 774,467 AIDS cases have been reported in the U.S., and approximately 450,000 of these individuals have died. Today, an estimated 800,000 to 900,000 individuals are living with HIV. As many as 300,000 remain unaware of their diagnosis. Estimates of HIV incidence (new infections) over time suggest that new infections peaked at over 150,000 in the mid-1980s, were reduced to an estimated 40,000 new infections a year in the early 1990s, and have been held roughly at this level throughout the last decade.

Over the past two decades, the HIV epidemic has expanded from one primarily affecting whites to one in which the majority of those affected are communities of color. An epidemic originally affecting gay men and injecting drug use has diversified into one in which heterosexual transmission, especially in women, plays an increasing role. Alarming trends in the mid- to late-1990s revealed that African American women have been

disproportionately impacted by HIV infection. Men who have sex with men (MSM) remain the group most dramatically affected, but a new generation of gay men has replaced those who benefited from early prevention strategies. MSM of color have recently emerged as the population at greatest risk for infection.

Highly active antiretroviral therapies were developed in the mid-1990s and improved the length and quality of life for many infected individuals. These treatment advances have changed the landscape of HIV prevention, with the positive result of an increase in the number of HIV-positive individuals receiving treatment and prevention services. But treatment advances have also resulted in decreasing concern about HIV among some individuals who are at risk for infection. Though thousands of lives have been prolonged through treatment advances, new challenges for HIV prevention have also developed.

CDC begins the third decade of HIV/AIDS with an outline of urgent prevention needs designed to cut annual infections in half within five years. The outline includes: 1) intensive mobilization to increase the proportion of HIV-infected individuals who know their status; 2) new prevention programs for individuals living with HIV combined with improved linkages to treatment and care; and 3) highly targeted prevention programs for all HIV-negative individuals at greatest risk. These goals can be accomplished by expanding prevention efforts to reach gay and bisexual men of color, tailoring efforts to equip Latino and African American women with the skills and knowledge to protect themselves from infection, and sustaining efforts among white gay communities, which are showing increases in risky behaviors and

rates of sexually transmitted disease infection. CDC has also set the goal of accelerating research on microbicides and vaccines.

Twenty Years of HIV/AIDS in Virginia

Through the end of June 2001, Virginia had 21,975 cases of HIV/AIDS reported, with 66% of these individuals now living with HIV.⁵ With an AIDS case rate of 14.4 per 100,000 population, Virginia ranks 18th in the nation. It is estimated that as many as 22,500 Virginians may be infected with HIV and not know their status.⁶

Virginia follows national trends of HIV/AIDS infection rates. Cumulative HIV/AIDS data show:

By gender, males comprise 79% all total infections, although infections among women significantly increased during the 1990s.

By risk, men who have sex with men is the largest proportion of both cumulative and new infections. For HIV infections reported through June of 2001, MSM, at 35.2%, is followed by men and women infected through heterosexual sex (24.4%) and then by injecting drug use (18.9%).

By race, more than 68% of new infections occur among African Americans, but African Americans are only 19.6% of Virginia's population.⁷ Significantly, African American women are disproportionately impacted, representing 24% of all new infections.

By age, persons 20—39 years of age have consistently accounted for the largest proportion of reported HIV/AIDS cases.

Twenty Years of HIV/AIDS Public Health Initiatives in Virginia

1982 The first Virginia AIDS case is reported. A total of six are reported for the year.

1983 AIDS becomes a mandatory reportable disease in Virginia. Twenty-one cases are reported.

1984 Responsibility for AIDS activities is placed within the Bureau of STD Control. Virginia is one of the first states to integrate program services.

42 AIDS cases are reported in the Commonwealth.

1985 The Virginia Department of Health (VDH) establishes a toll-free AIDS hotline.

Testing of donated blood for HIV antibodies begins nationwide. In Virginia, four anonymous testing sites (ATS) are established to provide an alternative to learning HIV status only through blood donation.

The AIDS Medical Advisory Committee is convened to advise the Health Commissioner and Board of Health on AIDS-related policies.

VDH develops recommendations on day care and school attendance for HIV-infected children.

Females make up only 5% of the AIDS cases reported in the state.

1986 Local health department STD clinics begin offering HIV testing, counseling and partner notification services.

VDH begins funding prevention education and support services through AIDS service organizations (ASO).

The Bureau of STD Control becomes the Bureau of STD/AIDS.

1987 Local health departments expand HIV testing to tuberculosis, maternity and family planning clinics. Virginia is among the first states to offer widespread testing.

VDH initiates providing free Zidovudine (ZDV, AZT) for low-income persons.

CDC recognizes the quality of Virginia's HIV testing, counseling and partner notification programs.

VDH initiates minority AIDS projects in four health districts with the highest AIDS morbidity among racial/ethnic minorities.

1988 "Understanding AIDS" is mailed to 110 million homes by the U.S. government. VDH triples its AIDS hotline capacity to handle the increase in calls.

VDH conducts its first five-day Regional AIDS Training Course for state agency personnel and community-based organizations.

VDH begins HIV seroprevalence surveys in Richmond City Health Department tuberculosis clinic.

1989 The Department of Mental Health, Mental Retardation and Substance Abuse Services begins offering HIV testing, counseling and partner notification in methadone clinics.

The Virginia legislature makes HIV infection a reportable disease. Provisions are included for penalties related to a breach of confidentiality.

Additional legislation enacted through House Bill 1974 provides for the creation of Regional AIDS Resource and Consultation Centers for health care provider education and the AIDS Services and Education Grants Program to fund innovative HIV prevention and care services. Sixteen additional anonymous testing sites are also created through this comprehensive legislation.

The AIDS hotline adds Telecommunications for the Deaf (TDD) capability.

HIV seroprevalence surveys are extended to Richmond City Women's Health Clinics, STD Clinics and Drug Treatment Centers.

The number of cumulative AIDS cases in Virginia exceeds 1,000.

1990 Care services are funded for the first time through contracts with six agencies to provide personal care to people living with AIDS.

VDH funds a Spanish language hotline.

The Statewide HIV seroprevalence Survey in Childbearing Women (SCBW) is initiated.

1991 The Ryan White C. A. R. E. Act of 1990 provides funds to Virginia for outpatient care. VDH funds five HIV care consortia to deliver medical and support services and an AIDS Drug Assistance Program (ADAP).

Magic Johnson announces he is HIV infected. The Virginia STD/AIDS Hotline logs 650 calls in two days.

The STD/AIDS Surveillance program conducts first validation study to monitor AIDS reporting completeness.

VDH convenes governmental and community partners to develop a ten-year AIDS plan as directed by the Virginia General Assembly

Women now represent 14% of Virginia's AIDS cases.

1992 VDH receives a federal grant to participate in the Uniform Reporting System data collection pilot project for Ryan White clients.

For the first time, the number of new AIDS cases among Blacks exceeds the number of new cases among Whites.

1993 CDC revises the AIDS case definition to include additional clinical conditions and immunologic markers. Virginia records a peak of 1,638 cases.

VDH funds capacity building grants to support newly formed, rural and minority CBOs.

VDH funds demonstration sites for HIV prevention education in local health department clinics.

1994 VDH and Virginia Commonwealth University develop and distribute a manual for case managers working with persons living with HIV/AIDS.

The Virginia General Assembly appropriates funds for the Premium Assistance Program to provide insurance premium payments for persons with AIDS.

VDH convenes the Virginia HIV Prevention Community Planning Committee. The Committee establishes community HIV prevention priorities and makes funding recommendations to VDH through development of a Comprehensive HIV Prevention Plan.

VDH develops new Prevention Counseling curricula. The new material is in line with CDC revisions and meets staff needs for a more client-centered counseling, testing and partner notification orientation.

1995 Through supplemental funding from CDC, VDH establishes the Supplemental Street Outreach grant program. The grants help recipient organizations to improve and increase outreach to injecting drug users and others. VDH establishes three additional minority AIDS projects and establishes the HIV Prevention Targeting High Risk Youth and Adults Program.

CDC halts the Survey in Childbearing women because clinical trial results demonstrate that ZDV (AZT) reduces perinatal transmission of HIV from mother to infant.

VDH surveillance staff conduct eight validation studies and Virginia reports the second highest increase in AIDS cases nationally.

House Bill 1921 requires that all pregnant women be counseled about HIV and offered voluntary testing.

The Bureau of STD/AIDS becomes the Division of STD/AIDS.

1996 Due to the introduction of protease inhibitors in 1995, Virginia sees its first decrease in AIDS deaths since the epidemic began.

VDH convenes the AIDS Drug Assistance Program Advisory Committee to recommend medications to include and establish patient eligibility requirements.

VDH receives funding from HRSA to study the allocation of resources among Ryan White HIV Care Consortia.

The Virginia HIV Community Planning Committee begins advising VDH on STD and Ryan White C.A.R.E. Act activities to better coordinate STD and HIV prevention and care services.

1997 VDH initiates its first large-scale public information campaign. The "Its Your Body, Respect It Protect It" slogan is used on bill-boards, buses, posters and other media.

The cumulative number of AIDS cases in Virginia exceeds 10,000.

1998 The Men Who Have Sex with Men HIV Prevention Grants Program is established in response to limited targeting of this population.

VDH receives funding from HRSA to evaluate the effect of ancillary services on entry and retention in primary care.

The Division of STD/AIDS is renamed the Division of HIV/STD to better reflect program activities.

Women represent 22.7% of AIDS cases reported this year.

1999 Five religious organizations are funded under the African American and Hispanic Faith Initiative.

A three-day Core Strategies for Street and Community Outreach Course is created to strengthen street-based community services.

Primary prevention services for people living with HIV are initiated through a Prevention Case Management Program.

2000 Oral fluid HIV testing is initiated at nine pilot sites.

2,742 patients are served through ADAP. Thirty-five medications are available on the formulary.

The Seamless Transition Program is initiated to provide discharge planning and ensure incarcerated persons receive medical treatment and medications without a gap in services following their release.

VDH establishes an enhanced HIV/AIDS Pediatric Surveillance Program.

2001 The Ryan White Title II program is awarded supplemental funding through the Congressional Black Caucus to increase the

number of racial/ethnic minorities using ADAP.

A Request for Proposals is issued to support community-based outreach and OraSure testing.

The HIV/STD/Viral Hepatitis Hotline experiences a 189% increase in calls during the week of National HIV Testing Day.

Submitted by:

D. Ellison, HIV/AIDS Surveillance Coordinator, E. Martin, Director of Community Services, and J. Martin, Statistics and Data Analyst.

¹ Centers for Disease Control and Prevention 05/29/2001Press Kit: Koplan JP: 20 Years of AIDS: 450,000 Americans Dead; Over One Million Have been Infected.

² Much of this text is taken from the reference in footnote 1.

³ Centers for Disease Control and Prevention 05/29/2001Press Kit: Gayle HD: Twenty Years of AIDS; Honoring Those Lost to HIV by Preventing Its Future Spread.

⁴ Centers for Disease Control and Prevention 05/29/2001Press Kit: Summary of MMWR articles, June 1,2001 {*Morbidity and Mortality Weekly Report* 50(20):429-456}.

⁵ The percentage includes patients who are known to be alive and ones whose status is unknown.

⁶ Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report* 2000; 12(1). Virginia estimates calculated from national figures.

⁷ Source: U.S. Census Bureau State and County Quickfacts. Electronic document http://quickfacts.census.gov/qfd/states/51000.html, accessed 07/25/2001.

Syphilis Success in Danville

It's been at least ten years since I've seen numbers anywhere close to being this good.

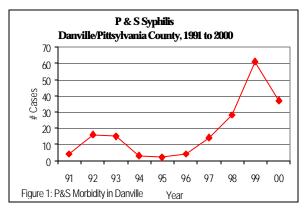
Casey Riley, Director, Division of HIV/STD

Syphilis elimination can improve infant health, slow the spread of HIV infection, and reduce racial disparities in health. Untreated syphilis during pregnancy results in infant death in up to 40 percent of cases, and nearly two-thirds of cases of congenital syphilis rationally are among African Americans. Moreover, the presence of syphilis increases the chances of both acquiring and spreading HIV infection at least two- to five-fold. With this sense of urgency in mind, the city of Danville presented a prime opportunity to conduct rapid response efforts for eliminating syphilis.

Danville had the highest rate of Primary & Secondary (P & S) syphilis per 100,000 population in the nation in 1999. At twenty-fourth, it was also within the top 50 localities having the highest numbers of reported P & S cases during the same period. Furthermore, 89% of the reported cases that year were among African-Americans, which placed a disproportionate burden on this population. Upon deploying Virginia Epidemiology Response Team (VERT) efforts in year 2000, Danville was able to achieve its first decrease of syphilis since 1994. The decrease has continued into 2001.

As evidenced in Figure 1, there were 37 P & S cases reported in 2000 for Danville as compared to 61 in year 1999, representing a 39% decrease. Previously, from 1994 to 1999, P & S syphilis increased from 3 cases to 61 (1,933%) in Danville. Early syphilis (total P & S and Early Latent) increased by 2,160% (from 5 cases to 113) for the same period. In 1999, Danville's rate of 104.2 cases of P & S per 100,000 population was twice as high as any other city in the nation.

With the goal of reversing this rising trend, VERT was deployed to Danville in March 2000. Consisting of eight Health Counselors, a Specialist, and three supervisors who went to Danville on a rotating basis, the team spent one year there; Danville personnel rounded out the effort. In addition to the personnel support, a number of other enhancements were conducted in Danville. Routine screening for syphilis in four detention centers and a local emergency room was implemented while the VERT team was active there. Using epidemiological data as a guide, community screenings, where staff went door to door,

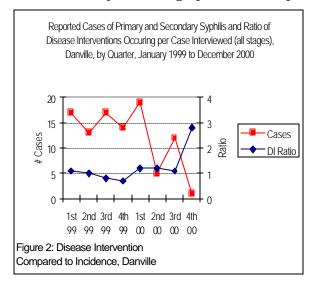


took place in August 2000. VERT also set up syphilis screening during promotional events such as a community basketball tournament that occurred in June. During the normal process of interviewing gonorrhea- or chlamydia-infected patients, health counselors also obtained blood samples for syphilis testing. Furthermore, contracts were established with two community-based organizations for educational outreach to the community. Social networking, a clustering method found in the literature and designed to identify and locate potential core transmitters, was implemented successfully in November. An offsite STD clinic in a federally funded community

health center was successfully developed. In addition to these VERT-driven enhancements, experts from the Centers for Disease Control and Prevention (CDC) made a site visit. CDC also assisted with additional funding to strengthen several components of the effort in Danville.

Data from March to December 2000 indicated success with these VERT enhancements. Jail screening was implemented at the city and county jails, and at the Juvenile and Women's prisons. Screening began in March 2000 and yielded 10 early cases of syphilis in year 2000 out of 855 specimens obtained. VERT and local staff conducted the screenings every week at the jails and transported the specimens to the Danville Health Department. After VERT ended in March 2001, a contract to continue the phlebotomy and transportation services with the Adult Detention Center was put in place. The other correctional facilities have continued screening via in-kind support. Emergency room screening began in November 2000 using a criterion to screen anyone with STD type complaints. Three new cases of syphilis were identified in 2000 using the new criteria at the emergency room.

The community screenings produced 68 per-



sons examined and yielded 3 new cases of

syphilis in August. The screenings were conducted by going door to door on several days within a several block radius of where the most recent cases were identified. From follow-up on 110 gonorrhea or chlamydia patients, 4 new cases were identified. Two were from field bloods sampled from positive GC clients and the other 2 were obtained during partner follow-up with one of the infected GC patients. Because no cases were identified from chlamydia follow-up, this activity was suspended in October.

Social networking yielded 2 new syphilis cases and one new HIV infection in just over a month's time. Health counselors conducted social networking interviews on any person (client or otherwise) they contacted in the field or in the clinic. The purpose was to identify persons known by "key informants" to be trading sex for money or drugs or who had 5 or more sex partners in a month's time. These individuals were then examined in the clinic or by field blood. Nineteen persons were identified as non-contacts and another 12 who were known by health counselors to be contacts met the definition of a possible core transmitter. These were mostly women who traded sex for drugs or money, who, according to epidemiologic analysis, were implicated in the Danville outbreak. Of the 31 persons initiated, 84% (26) received a new exam. This is remarkable because persons known as "possible core transmitters", when they are pursued as sex partners to known cases, usually have much lower exam rates.

Figure 2 demonstrates successes made in Danville with respect to disease intervention activities. When the disease intervention ratio increased, the incidence of P & S syphilis decreased. The disease intervention ratio is the proportion of persons treated or preventively-treated for syphilis per case interviewed and is measured by dividing the number of treated persons by the number of cases. In fact, a number of disease intervention meas-

ures began to significantly increase during the 4th quarter of 2000. "It's been at least ten years since I've seen numbers anywhere close to being this good", remarked Casey Riley, Director of the Division of HIV/STD. The numbers to which he referred measure how well syphilis cases are managed once they are identified. When compared to the quarter before VERT's arrival, the number of contacts per case rose from 1.8 to 4.1 and the number of clusters per case from 0.2 to 2.1. As Figure 2 indicates, the disease intervention ratio also rose from 1.2 to 2.8. These achievements provide evidence of a strong case management system which, when coupled with the various enhancements designed to identify cases, caused syphilis incidence to decrease.

Danville is well on its way to eliminating syphilis. Provisional data for January to June 2001 indicate 8 cases of P & S syphilis have been reported. Compared to the 24 cases for the same period in 2000, this is a 67% decrease. The STD central office continues to monitor the situation closely in Danville and will deploy VERT at the first sign of a reemergence. However, with the modified infrastructure created by VERT still in place, expectations are very high for Danville to be the first high-morbidity city in the nation to eliminate syphilis.

Submitted by: Robert Johnson, Public Health Advisor.

PROGRAM NEWS

HIV Testing Day 2001 Division of HIV/STD

The seventh annual HIV Testing Day, sponsored by the National Association of People with AIDS (NAPWA), was June 27th. The Division of HIV/STD coordinated Virginia's campaign around the theme "Take the test. Take control." This year's event promoted the goal of reducing HIV infections in Virginia by half by the year 2005.

Activities were coordinated at the local level in dozens of communities across the state. These included: health fairs, testing in community settings, billboards, public service announcements, distribution of materials at local events and expanded testing hours at local health departments. Approximately 40 local health districts and community-based organizations participated in the effort. In addition, a statewide radio campaign encouraging those at risk to be tested was also conducted.

Hotline calls increased 55% the week before testing day and 189% the week of testing day. There was also a residual effect as calls increased 17% above average the week following testing day.

Of the total calls, 19% said they were calling as a direct result of a radio ad during the week before testing day. During the week of testing day 49% of callers said they called because of

hearing a radio ad. Sixteen percent of calls were a result of radio ads in the week following testing day.

Based on preliminary reports from participating agencies, Testing Day was a big success. Testing statistics for this event will be shared when they become available.

Hepatitis Campaign to be Launched

A six-week radio campaign alerting people to the risk factors for contracting Hepatitis C will begin in late August. The ads will run across the state on the Virginia News Network and on selected radio stations in each of the six viral hepatitis pilot areas - Winchester, Alexandria, Richmond, Petersburg, Chesapeake and Norfolk. The ads will direct listeners to the Virginia HIV/STD/Viral Hepatitis Hotline for additional information and referrals.

The radio campaign is part of a larger effort to raise awareness about Hepatitis C that has been funded through monies allocated by the Virginia General Assembly. In addition to radio ads, table top displays were developed for each of the pilot sites to be used at community and health fairs, a fact sheet was created, brochures, posters and pins were distributed and a series of news releases have been sent out.

Based on national estimates as many as 97,500 persons in Virginia may

be infected with hepatitis C, of whom 67,500 may be chronically infected.

Research Highlights and Tips Available

A set of one Research Highlight and three Research Tips was included in the last mailing of the Surveillance Quarterly. Research Tips are a new item which provide a two-sided sheet summarizing research findings and providing recommendations for prevention. If you did not receive copies or would like additional copies, please contact the HIV/STD/Viral Hepatitis Hotline at (800) 533-4148. The new publications are:

Research Tips # 1: Men who have sex with men at high risk for HIV need special attention.

Research Tips #2 (also available in Spanish) Study of Latino MSM shows multiple sex partners, inconsistent condom use.

Research Tips #3: African American, Latino, and Caucasian men who have sex with men differ in perceptions and behaviors relevant to HIV/AIDS.

Research Highlights # 12 is also available to provide a more in-depth look at African American, Latino, and Caucasian men who have sex with men differ in perceptions and behaviors relevant to HIV/AIDS.

Community Collaboration Grants Funded

Health districts recently competed for funding under the Community Collaboration Grants Program. Districts were required to submit an application in collaboration with a community partner such as community-based organizations, schools, churches etc. The following health districts were awarded funding beginning July1, 2001, through June 30, 2002:

- Fairfax County Health District proposes to provide capacity building for African American and Latino churches to develop HIV/AIDS programs and ministries. In addition, the District will provide peer-led youth programs in collaboration with Northern Virginia AIDS Ministry.
- Lenowisco Health District proposes to provide group level education to teens and young adults in school and college settings. This will be accomplished by collaborating with middle and high school health education teachers to provide basic HIV/AIDS information as part of the Family Life Program.
- Cumberland Plateau Health
 District proposes to provide
 HIV/AIDS group level
 interventions to youth (ages 1325) by building a foundation of
 HIV/AIDS trained youth

educators through collaboration with the American Red Cross.

Henrico Health District, collaborating with Fan Free Clinic, will conduct presentation and individual level interventions in STD, family planning and maternity clinics. In addition, basic and intensive street and community outreach services targeting injecting drug users and racial ethnic minorities will be conducted in a variety of Henrico neighborhoods.

Health Care Update

The Virginia Department of Health (VDH) has received Ryan White Title II funding for providing statewide HIV/AIDS services and medications since 1991. This year, for the first time, the funding also included \$146,809 from the Congressional Black Caucus to support educational and outreach grants to minority-based organizations in order to increase the number of minorities participating in the Virginia AIDS Drug Assistance Program (ADAP).

The Richmond Metropolitan Service Area (MSA) has qualified as an emerging community for Ryan White Title II Supplemental funding for FY 2001-2002. The funding is to be used to address gaps in the availability of, and access to, HIV/AIDS services. The funding is administered by the Virginia Department of Health by through Central Virginia HIV Care Consortium. For more information, please contact Michelle Baker at (804) 371-2492.

OraSure Pilot Site Update

As of June 23, 2001, there were 12 community-based organizations and local health districts participating in the OraSure pilot project. The purpose of the pilot is to evaluate the efficacy and cost effectiveness of oral fluid testing in non-invasive, non-clinical settings and to encourage testing among people not previously tested.

Participating agencies have conducted 3,407 OraSure tests with 743 persons being tested for the first time (21.8%). In addition, 52.3% of those tested received their results and post-test counseling. There were 23 (0.7%) persons testing positive with 65.2% of these clients receiving post-test counseling. The OraSure pilot sites have tested a higher percentage of men who have sex with men (MSM), injecting drug users (IDU) and African Americans than do clinical sites.

Based on these results, a Request for Proposals was released in July to fund intensive outreach services and OraSure testing across the state. The health department pilot sites ended OraSure testing on June 30th. The community-based sites will continue through December 31, 2001.

For more information regarding OraSure or serum HIV antibody testing, please contact Chip Payette at (804) 371-2911 or apayette@vdh.state.va.us.

TECHNICAL NOTES

The Commonwealth of Virginia has required the reporting of individuals testing positive for antibodies to Human Immunodeficiency Virus (HIV) since July 1989 and of individuals diagnosed with Acquired Immunodeficiency Syndrome (AIDS) since 1983. Syphilis and gonorrhea have been reported since 1941, and chlamydial infections have been reported since 1989.

Each issue of this report includes information received and tabulated through the last day of the quarter. Data are tabulated using date of report by the Virginia Department of Health, Division of HIV/STD, unless otherwise noted.

- HIV age group tabulations are based on the person's age when the earliest positive HIV test was
 documented. AIDS age group tabulations are based on the person's age at diagnosis of AIDS.
 Adolescent/adult cases include persons 13 years of age and older; pediatric cases include children
 under 13 years of age.
- 2. "Men Having Sex with Men (MSM)" includes men who report sexual contact with other men and men who report sexual contact with both men and women.
- 3. "Heterosexual Contact" includes persons who report specific heterosexual contact with an HIV-infected person or with a person at increased risk for HIV infection (e.g., an injecting drug user). Previously, individuals born in "Pattern II" countries were presumed to have acquired HIV infection through heterosexual contact and were included in the "heterosexual contact" mode of transmission. For cases entered after January 1, 1993, being born in a Pattern II country is not considered a sufficiently documented risk for HIV transmission. [The term Pattern II was designated by the World Health Organization (MMWR 1988; 37:286-8, 293-5) to describe areas of sub-Saharan Africa and some Caribbean countries with a distinct transmission pattern in which most reported cases occurred in heterosexuals and the male-to-female ratio is approximately 1:1.]
- 4. "Transfusion Blood/Products" refers to transmitting of HIV via transfusing blood or blood products or transplanting tissue or organs before to March, 1985. Cases reporting these modes of transmission after March, 1985 are recorded with this risk only after confirmatory investigations.
- 5. "Multiple Heterosexual Contacts" indicates HIV or AIDS cases having none of the other identified risk factors, but have had two or more heterosexual partners with undocumented risks.
- 6. "Undetermined/Unknown" includes HIV cases not counseled due to medical reasons or who refused counseling. Undetermined/Unknown also includes AIDS cases lost to surveillance follow-up and for which a risk could not be established.
- 7. It is possible for an adult/adolescent AIDS case to have a pediatric mode of transmission.
- 8. Due to small cell size, only regional totals are provided. District totals are combined into the Other/Unknown category.
- 9. Cell size is too small to report; frequency is added to Other/Unknown categories if too small to report separately.
- 10. "Other" includes hemophilia, transfusion blood/products, pediatric, multiple heterosexual contact undetermined/unknown and no identified risk.
- 11. Rates are based on 2000 US Census Data and adjusted quarterly for comparison.
- 12. HIV totals are cumulative from July, 1989; AIDS totals are cumulative from 1982.
- 13. Due to small cell sizes, Hispanic, Asian/Pacific Islander and American/Alaskan Native have been combined into "OTHER" to protect confidentiality. Totals for these racial/ethnic categories may be found in Table 1.

- 14. Due to small cell sizes, hemophilia includes males and females to protect confidentiality. This category includes all chronic bleeding problems due to a low level of any of the blood's circulating proteins which results in the inability of the blood to clot normally. The most common disorders are hemophilia A (factor VIII), hemophilia B (factor IX) and von Willebrand's disease. These disorders are treated with infusions of manufactured blood clotting factor products.
- 15. Due to reporting lags, year of diagnosis provides a more accurate indication of trends in the epidemic.
- 16. Localities are assigned based on the city or county of residence when the first positive HIV antibody test was performed (for HIV cases) and when AIDS was diagnosed (for AIDS cases). Different localities may be reported for HIV and AIDS for the same case. Changes of residence following each initial report (HIV and AIDS) are not reported. Cases reported by state and federal correctional facilities are assigned to the locality where the correctional facility is located. AIDS deaths are based on the locality of residence at the time of AIDS diagnosis. AIDS deaths indicate only AIDS cases known to have died; AIDS deaths are displayed for a locality when the number of deaths equals or exceeds 3.
- 17. Other pediatric modes of transmission include adult modes of transmission such as sexual contact or injecting drug use.
- 18. Total Syphilis includes Primary, Secondary, Early Latent, Late Latent and Congenital Syphilis.
- 19. Total includes cases where gender was not reported.
- 20. Immunologic refers to AIDS cases testing seropositive on HIV antibody tests and reporting an absolute CD4 value of <200 μ l or a relative value of <14% of total lymphocytes with no evidence of opportunistic infection. This category was added to the AIDS case definition in January 1993 along with pulmonary tuberculosis, recurrent pneumonia and invasive cervical cancer.
- 21. Tables 34 and 35 summarize the number of HIV tests processed by the Division of Consolidated Laboratory Services (DCLS), the central state laboratory. Tests conducted by private laboratories are not included.
- 22. Incidence Rate per 100,000 is calculated by dividing the number of new cases reported by the population size during a defined length of time (I = # of new cases / (% of 1 year x population) x 100,000).

Virginia Department of Health

Division of HIV/STD Directory

Casey W. Riley, Director

Disease Reporting

HIV/AIDS case assistance					
Regional Consultants	Northern/Northwest	Jonne Warner, MPH	(804) 786-5189		
regional consultants	Southwest	Suzanne Willis, MSW	(804) 371-4116 (804) 371-6307		
	Central	Casey Finnegan, MT (ASCP)			
	Eastern	Nene Diallo, MPH	(804) 371-6306		
Pediatric Coordinator	Statewide	Carol Burnham, LCSW, CCM	(804) 225-2615		
Hepatitis C Consultant	Statewide	Joyce Johnson, MT (ASCP)	(804) 371-4121		
STD Consultant	Statewide	(vacant)	(804) 786-3745		
Facsimile			(804) 225-35		
Chlamydia Prevention Prog Screening, treatment and educ	,		(804) 786-32		
		s, community planning, training a			
		White programs and health care	(804) 786-98		
	rvices and publicly funde	g and Referral Services d counseling and testing sites; aseling and referral	(804) 786-33		
HIV/STD and Viral Hepati Brochures, information, literat			(800) 533-41		
Media and Communication Public relations campaigns, sp		quiries	(804) 371-41		
Statistical Requests HIV/AIDS/STD statistical dat			(800) 533-41		
Syphilis Elimination Project Screening, treatment and educ			(804) 786-59		
Viral Hepatitis Prevention a Information on education reso		als	(804) 692-02		